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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF THE

STATE OF CALIFORNIA,

DURING THE YEARS 1875-6.

SACRAMENTO:
SACRAMENTO LEADER PRINTING OFFICE.
1876.

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REPORT OF THE COMMITTEE ON PUBLICATION.

In consequence of circumstances over which the Committee on Publication had no control, the appearance and distribution of this volume have been delayed far beyond the time anticipated when the contract for the work was given out.

With every care on the part of the Committee to insure perfect accuracy in the publication of the reports and contributions, certain typographical errors have occurred, which, though trivial and unimportant in themselves, are annoying to the contributors not less than to the Committee in charge of the work.

Perhaps it is due to the Publishers to add, that circumstances, needless to mention here, and for which, in a spirit of candor, they should be considered blameless, have contributed to this result.

The Reports, as published, are such as were presented by the Chairman of the several Committees, and the Committee on Publication are not responsible for any omissions which may be observed by those contributing thereto.

With the few unessential exceptions mentioned, it is believed that the typography and appearance of the volume will compare favorably with those which have preceded it.

Without further apology or explanation, our work is committed to the charitable criticism of the profession.

F. W. HATCH,
G. G. TYRRELL,
T. A. SNIDER,
W. R. CLUNESS,
W. H. NELSON.

Sacramento, August, 1876.

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SIXTH ANNUAL MEETING

OF

THE MEDICAL SOCIETY

OF THE

STATE OF CALIFORNIA.

The sixth annual meeting of the California State Medical Society, since its reorganization, convened in the Hall of the Young Men's Christian Association, Sutter street, San Francisco, on Wednesday, April nineteenth, eighteen hundred and seventy-six, at 11:15 A. M., the President, A. B. Nixon, M. D. in the chair. The meeting having been called to order, Dr. H. Gibbons, Jr., delivered the following address of welcome :

Mr. President, and Gentlemen of the Medical Society of the State of California—It is made my pleasant duty as Chairman of your Committee of Arrangements to welcome this Society to San Francisco, upon the occasion of this, its sixth annual meeting since the reorganization. But not alone does your Committee welcome you. The body of the profession of our metropolis hails your coming. We welcome you to be co-partakers of that intellectual food which yourselves as individuals must provide; we welcome you to conference upon topics of vital importance to our welfare physically, morally, and intellec-

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tually; we cordially welcome you to that fraternal association which removes asperities, softens prejudice, cultivates the amenities, and begets respect.

It is certainly good to be here on such an errand as we have come. The past history of our Society proves it; the histories of the numerous State Societies elsewhere prove it; and it is demonstrated by results which we see constantly attending upon organization everywhere; gentlemen, self-satisfied and self-contained, may hold themselves aloof from these associated movements, but in so doing they must necessarily forfeit some individual advantages, though perhaps small, and they must lose otherwise by impairing the influence which an unbroken front will exert. What could resist the just demands of an organization like this, were it to comprise all the legitimate physicians in California? And how stimulating to intellectual growth would this association of many minds prove! The bundle of fagots is a symbol of power in the intellectual, no less than in the physical world. Mind is strengthened by its intimacy with and its support from other minds.

But there are other interesting facts which give the sanction of custom and the countenance of our brethren all over the land to an organization like our own. They are these: That every State in the Union, save two, has its State Society; and that scattered over all sections of our country, from Maine to Texas, and from Oregon to Florida, are nearly six hundred local Medical Societies.

There are about a thousand regular physicians in California, and but one-fifth of them are members of our Society. Such of these who are present, and are from a distance, deserve our warmest thanks for the sacrifices they have made in coming here to-day to swell our numbers. Would that the attendance were larger, and yet there can be no just reflection upon the vast majority for not coming. Many cogent reasons exist why this should be. As yet our State is young in years, though great in dimensions. Unlike that which obtains in the older States, communication is in many instances neither facile nor speedy, while it is often expensive; and, if doctors are not like editors,

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proverbially impecunious, it must be recollected that their incomes cease when they leave their homes. Then again, a large class of our professional brethren in California are migratory,—partly from necessity, partly from choice,—and thus fail to form those professional attachments which grow up in long settled communities; and finally, the sparsely settled country and long distances preclude the formation of more than a limited number of local societies, which are, so to speak, the nurseries for the education of the profession to a proper appreciation of the value of State organization. The time will come when this will all be changed. As homes become more permanent, as villages grow into towns, and towns into cities, as means of intercommunication augment and annihilate time, so will the interest in medical associations increase, until, a few years hence, we may expect to welcome two or even three hundred at our gatherings.

Events which have recently transpired make this probably the most important meeting the Society has ever held. The Medical Act of the late Legislature devolves upon us weighty obligations, if we decide to accept the power conferred, and calls for most earnest and thoughtful consideration. Other, both younger and older, States have preceded us in this movement to protect the community and raise the standard of the profession. Whether good has been accomplished by it, and if so, to what extent, there are no accessible data for determining positively. A medical law appears to be operative in Nevada, and if so, can scarcely fail to be of service to all honorable medical men. In none of the sixteen States that have legislated upon this matter, are the laws better calculated to secure the object desired than our own, and in several they amount to nothing. If our own law be not all that could be wished, it is, at least, a starting point in a good cause, which may prove an entering wedge for something better, when by experience we shall have determined what that something better is.

But this is by no means the only question with which it may be profitable to deal. Success in this enterprise should interest us to secure a more complete and comprehensive sanitary code for the entire State—a general law governing health matters

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throughout our commonwealth, such as have been found effective in the older communities. In few States in the Union are registry laws and their operation more defective than in California. The value of complete and carefully prepared records of vital statistics has failed, very generally, of appreciation, and even physicians, who should be the first to recognize this value, have been negligent in furnishing them. Now that there is prospect of improvement in the source of our statistics, I think that the interest in these matters should be revived. In our as yet thinly settled State, the villages and towns are small, and for these reasons there is less danger from infraction of hygienic laws than in communities of closely aggregated population. But it is just at this stage that the initiative should be taken, in order that there may be a correct beginning. It is far easier to commence aright than to repair the evil when it has been long existing. It is not enough to secure a higher degree of health or a smaller comparative mortality than exist elsewhere; the field for sanitary work is always broad; preventable diseases are still sufficiently numerous.

But, gentlemen, perhaps I am transcending the legitimate sphere of a Committee of Arrangements. Let me return to a more appropriate field. Your Committee has prepared, with what material it could gather, an order of exercises. I trust you may secure from it, and what else will be voluntarily presented, an agreeable and wholesome mental repast. If any doubt exist on this point, I assure you there can be none in regard to a repast of another character which will be provided at the close of the session. As I have welcomed you to the former, so I believe I may, in behalf of the San Francisco Medical Society, cordially welcome you to the latter. The digestion of intellectual food is attended with waste of the physical body; it is then fitting that we should supplement this process by certain gastronomic exercises which must be participated in to be appreciated, and—to transpose a classic phrase—are more honored in the observance than in the breach.

On motion, the address was referred to the Committee on Publication.

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The Committee on Arrangements then reported the names of the following members as present:

Drs. J. S. Adams, W. Ayer, H. P. Babcock, Martin Baker, H. S. Baldwin, E. T. Barber, A. Barkan, C. M. Bates, F. A. A. Belinge, Charles Blach, C. E. Blake, W. T. Bradbury, J. R. Bradway, C. B. Brigham, J. M. Brown, U. S. N., C. F. Buckley, A. B. Caldwell, J. D. Callaghan, E. S. Carr, P. Chamberlain, William Fitch Cheney, C. P. Chesley, M. M. Chipman, George Chismore, Asa Clark, C. S. Colman, J. B. Cox, J. H. Crane, H. J. Crumpton, John T. Crook, Clinton Cushing, G. W. Davis, Benjamin D. Dean, S. A. Deuel, H. A. Dubois, C. N. Ellinwood, Charles Fisher, Henry M. Fiske, Henry Gibbons, Henry Gibbons, Jr., William P. Gibbons, W. A. Grover, N. S. Hamlin, B. F. Hardy, C. C. Harrington, F. W. Hatch, C. Herz, George Hewston, G. H. Jackson, C. G. Kenyon, C. A. Kirkpatrick, Robert Mackintosh, G. H. Malech. E. J. Martin, E. D. Martineau, J. L. Meares, A. B. Mehring, J. Mooklar, J. Murphy, R. W. Murphy, V. Newmark, C. F. A. Nichell, A. B. Nixon, A. A. O'Neil, H. S. Orme, E. L. Parrimore, W. J. Paugh, L. Pawlicki, M. Pietrzycki, H. G. Pike, T. H. Pinkerton, R. H. Plummer, G. H. Powers, M. B. Pond, P. W. Randle, A. E. Regensberger, R. K. Reid, John P. Reilay, Luke Robinson, Thomas Ross, Charles Rowell, W. A. Russell, G. A. Shurtleff, James Simpson, W. F. Smith, Q. C. Smith, A. B. Stout, Benj. R. Swan, S. M. Tibbitts, I. S. Titus, T. M. Todd, F. W. Todd, H. H. Toland, A. Trafton, W. L. Twitchell, G. G. Tyrrell, G. J. Van Vlack, John C. Van Wyck, John Wagner, Joseph F. Wayland, J. D. Whitney, John M. Willey, E. H. Woolsey, W. T. Whythe, P. H. Humphries, J. H. Wythe.

Dr. Cushing moved that the calling of the roll be dispensed with.

Carried.

On motion of Dr. Murphy, the minutes of last meeting were approved as published.

The Chairman of the Board of Censors presented the names of the following gentlemen as qualified to become members of the Society:

Name.	Residence.	School.	Date.
A. M. Wilder	San Francisco,	University of Georgetown, D. C.	1863
Jas. C. Shafter	San Francisco,	College Physicians and Surgeons, N.Y.	1873
R. W. Sprague, Jr.	San Francisco,	Harvard University	1871
L. E. O. Rodgers	San Francisco,	Bellevue College	1874

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Name.	Residence.	School.	Date.
Sam'l W. Dennis	San Francisco,	University Pennsylvania	1875
J. A. Dawson	Chico	University Maryland	1874
A. H. Agard	Oakland	Jefferson Medical College	1849
Geo Gerlach	San Francisco,	Medical College Pacific	1874
P. B. McD. Miller	Oroville	L. R. C. S. E.	1858
		Medical College Pacific	1873
H. S. Dausman	San Francisco	University Heidleburg	1870
		University Wurzburg	1874
M. M. Graniss	Visalia	Chicago Medical College	1872
David Powell	Cherokee	Medical College Pacific	1871
Gideon M. Freeman	Visalia	Medical & Surgical College Baltimore	1870
Arthur L. Sobey	San Francisc	M. R. C. S. E.	1872
		L. C. P., London	1873
Isaac R. Goodspeed	San Mateo	Bowdoin College	1854
R. S. Markell		McGill College, Canada	1867
Silas M. Mouser	San Francisco,	Starling Medical College	1848
Benj. T. Mouser	San Francisco,	Bellevue Medical College	1875
Andrew Fine	Watsonville	Toland Medical College	1876
Henry Worthington	Los Angeles	College Physicians and Surgeons, N. Y.	1873
W. H. Mays	San Francisco,	California University	1873
Robt. A. McLean	San Francisco,	California University	1874
George H. Aiken	San Francisco,	College Physicians and Surgeons, N. Y.	
Chas. A. Stivers	San Francisco,	Toland Medical College	1874
J. F. Foulkes	Oakland	Jefferson Medical College	1851
Jno. D. Scott	San Jose	Louisville University	1845
Henry M. Kier	Knight's L'd'g	Michigan University	1869
		St. Louis Medical College	1874
Peter Wheeler	Oakland	College Physcians and Surgeons, N. Y.	1866
M. W. Fish	Oakland	Rush Medical College	1853
Charlotte B. Brown	San Francisco,	Women's Medical College, Penn	1874
Elise Pfeiffer Stone	Oakland	University of Giessen	1845
		Womens Medical College, Phil	1867
Martha E. Bucknell	San Francisco,	New England Female Medical College	1871
E. S. Meade	San Jose	Womens Medical College, Penn	1869
Sara E. Brown	San Francisco,	Michigan University	1873

Dr. H. Fiske moved that the names of the gentlemen applying for membership be first acted upon by the Society. Objection being made to this motion, Dr. Fiske withdrew it.

Dr. Gibbons, Sr., enquired if all the gentlemen whose names were presented belonged to a local Society. The question being answered in the negative, it was moved and carried that each name be acted upon separately, when the following were elected as belonging to local Societies where they exist:

Drs. A. M. Wilder, Jas. M. Shafter, R. W. Sprague, S. W. Dennis, J. A. Dawson, A. H. Agard, P. B. Miller, Andrew Fine, Henry Worthington, Geo. H. Aiken, Chas. A. Stivers, Jas. F. Foulkes, John D. Scott, Henry M. Kier, Peter Wheeler, W. M. Fish, M. M. Graniss, D. Powell, G. M. Freeman, J. R. Goodspeed, R. S. Markell.

Dr. B. Cox moved that the Secretary cast the ballot for the admission of Mrs. E. S. Meade, of San Jose. The Constitutional objection that she did not belong to a local Society not being applicable in her case.

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Dr. G. H. Powers moved as a substitute that the Society proceed to an election.

Dr. J. M. Brown moved, and it was carried, that the subject be referred to the Board of Censors, together with the names of those gentlemen who have special reasons for not belonging to a local Society, and that the Censors, report be made the special order for to-morrow (Thursday) at 11 o'clock.

Dr. Babcock presented a report upon an infringement of the American Code of Medical Ethics by Dr. P. W. Randle, and moved his expulsion.

On motion of Dr. Geo. Hewston, the case was referred to a Special Committee, consisting of Drs. Hewston, Shurtleff and Cushing.

Dr. Randle being present denied emphatically any participation in, or connection with, the matter charged, and desired investigation.

On motion, the Society adjourned until 2 P. M.

AFTERNOON SESSION—APRIL 19, 1876.

The Society was called to order at 2 P. M. President Nixon in the chair.

The minutes of morning session were read and approved.

The Board of Censors having presented the names of the following gentlemen, they were duly elected members of the Society:

Francis Delmont, Ventura, University of California, 1874; O. O. Burgess, San Francisco, College Physicians and Surgeons, New York, 1857; G. J. Bucknall, College Physicians and Surgeons, New York, 1864; J. Callandreau, San Francisco, University of Paris, 1873; L. P. Tooley, Colusa, University of St. Louis, 1869; E. P. Wemple, Antioch, Pacific Medical College, 1873; Thos. Green, San Francisco, New York Medical College, 1860.

Some discussion having arisen upon a remark made by Dr. Gibbons, Sr., as to whether the San Francisco Medical Benevolent Society was a local Medical Society within the meaning of the Constitution, on motion of Dr. Shurtleff, it was

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RESOLVED, That the San Francisco Medical Benevolent Society be, and the same is hereby recognized, as a local Medical Society within the meaning of the Constitution of the State Medical Society, which requires its members to belong to a local Medical Society, when there is one where they reside, which was carried.

The election of the following gentlemen was then proceeded with:

H. Ferrer, San Francisco, University of Heidelberg, 1872; F. W. Coleman, Napa; Pacific Medical College, 1873.

The Board of Censors then presented the following report in regard to the ladies whose names had been proposed:

We, the Board of Censors to whom was referred the application of ladies, holding diplomas regularly conferred upon them, for membership in this Society, beg leave to report, that we know of no valid reason why the Society should not admit those ladies to full membership; we therefore recommend their admission.

(Signed) C. A. KIRKPATRICK,
G. G. TYRRELL,
H. P. BABCOCK,
H. GIBBONS, SR.

The Board of Censors to whom was also referred the names of those gentlemen who had special reasons for not joining a local Society, begged leave to report that the following gentlemen having presented to us in our opinion good and valid reasons for not affiliating with the San Francisco Medical Society, we hereby recommend their admission.

(Signed) C. A. KIRKPATRICK,
G. G. TYRRELL,
H. P. BABCOCK.

Drs. L. O. Rodgers, G. Gerlach, H. L. Dausman, A. L. Soubey, S. M. Mouser, B. T. Mouser, W. H. Mays, R. McLean.

Dr. Gibbons, Sr., stated that his name was not attached to the report and that he would not sign it.

The Chairman of the Board of Censors, Dr. Kirkpatrick, stated that the reasons given for not joining the local society were that

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some members of said Society were not legally qualified physicians, and that some of the gentlemen had so recently come to the city as not to have had an opportunity of joining, even if they so desired.

Dr. Tyrrell read a partial report from the Committee to whom was referred charges against certain members of the Society, in sustentation of the action taken by the Board of Censors in this connection.

On motion of Dr. Fiske, Drs. May and R. H. McLean were elected members, not having been long enough in the city to become members of a local Society, and the other names were referred back to the Board of Censors to report at next annual meeting.

The report in regard to the ladies was laid over for special action.

An invitation was received from the San Joaquin Medical Society to hold the next annual meeting at Stockton. It was placed on file.

Also, an invitation from the California Academy of Sciences to visit the Hall of the Academy.

Amendment to the Constitution, Art. 2, Sec. 4. After the word Censors, add, "by the exhibition of his diploma;" and after the word election, add, "and no voucher or vouchers of any member or members shall be taken as satisfactory evidence of any applicant's qualification for membership," was adopted.

Art. 2, Sec. 4. "Shall be entitled to permanent membership," to read "Shall thereby become permanent members," was adopted.

Amendment to Article 3, Section 1: "No elective officer shall be on the Board of Censors or any of the Standing Committees," was lost.

Art. 3, Sec 1. After the word ballot, add, "except Permanent Secretary;" and Art. 3, Sec. 4. After "them," add "This officer shall not be subject to annual election, and shall not be removed except for cause shown." Laid on the table.

The names of the following gentlemen were presented for membership:

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Loomis E. Smith, Angel Island, Medical College Pacific, 1875; W.H. Bruner, San Francisco, Jefferson Medical College, 1848; J. M. Briceland, Shasta, Jefferson Medical College, 1847; J. L. Wells, Visalia, University of New York, 1871; C. M. Richter, San Francisco, University of Leipsic, 1872; Jul. Rosenstern, San Francisco, University of Wurzberg, and University of Berlin.

On motion, action upon Censor's report was deferred until the evening session.

The President then read the annual address.

Dr. B. Deane moved that the thanks of the Society be tendered to the President for his very able address, and that it be published. Carried.

Dr. F. W. Todd moved that a nominating committee be appointed, to consist of one member from each county represented, and that when one member alone represents the county that he shall be a member of said committee, to select officers for the ensuing year, and to determine the place for our next annual meeting; and likewise that this Committee be authorized to select for the choice of the Society, seven members to act as a Board of Examiners under the law to regulate the practice of medicine. Carried.

Dr. Brigham, Chairman of Committee on Surgery, presented no regular report, but substituted therefor a printed copy of reports of some cases in his own practice, which he distributed among the members present, and desired to present each and every member with a copy. He also reported a case of extraction of a foreign body from the trachea; also a case of old standing luxation of the humerus in a woman 87 years of age; he also exhibited several recently invented surgical instruments, among which were an improved tracheotome, uterine polypus forceps, ovariotomy clamps, modification of Smith's gag, Louis' instrument for the suppression of hemorrhage from any artery in the body, etc. He also exhibited the specimens illustrating the cases in his published record. He also exhibited a patient whom he had treated for extensive nævus on face by injection of nitrate of silver, with good result.

Dr. Gibbons, Sr., Chairman of Committee on Medicine asked

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permission to defer the reading of his report until to-morrow morning. Granted.

An invitation was extended by Dr. Brigham to visit the French Hospital. Accepted.

Dr. Gibbons, Sr., moved that Dr. F. W. Todd be selected by this Society to occupy the position of delegate to the International Medical Congress, in place of Dr. Thos. M. Logan, deceased.

Dr. Stout moved that the matter be laid on the table until the close of the session.

Dr. Regensberger offered a resolution on the subject which was laid on the table.

Dr. Stout's motion prevailed.

The minutes having been read and approved, the Society adjourned until 7:30 P. M.

EVENING SESSION.

The Society was called to order by the President at 7:30 P. M.

Action upon report of Board of Censors, laid over from last session, resulted in the election to membership of Drs. L. E. Smith, W. H. Bruner, J. T. Wells, J. M. Briceland.

The names of Drs. Richter and Rosenstern were referred back to the Board of Censors.

Report of Treasurer was read and referred to a finance committee, consisting of Drs. Powers, Nichols and Fisher.

On motion of Dr. Van Wyck, the report of Chairman of Committee on Obstetrics was referred to Committee on Publication.

Dr. Geo. Hewston presented the following resolution:

RESOLVED, That the professors and teachers of now-existing regular medical schools be ineligible for membership on the Board of Examiners under the State law.

After some lively discussion the resolution was lost.

Dr. S. W. Dennis presented the following preamble and resolution:

WHEREAS, The welfare and success of the "California State Medical Society" depends in a great measure upon the fitness

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of its officers for their respective positions, that they may secure the co-operation of its members, individually and collectively.

WHEREAS, To secure that desirable end the officers should derive their right to govern through the consent of the governed, therefore be it

RESOLVED, That the Constitution be so amended that the officers of this Society shall be elected by ballot without nomination; that after the first ballot the two, and in case of a tie, the three names receiving the highest vote shall be the only nominees or candidates, in case of a failure to elect on the first ballot, and a majority of all the votes cast for those shall be necessary to a choice.

Dr. Dennis' resolution was laid over under the rules.

Dr. G. H. Powers presented the report of special finance committee on Treasurer's report, and found it correct.

Dr. Wilder read a report upon Astigmatism and illustrated his paper by exhibiting upon canvass, with the aid of a magic lantern, some magnificent views of the subject in question.

Dr. J. T. Wells read a report of a successful case of ovariotomy and exhibited the specimen. Referred to Committee on Publication.

Board of Censors reported favorably upon the following names: W. F. McNutt, San Francisco, University of Vermont, 1862, R. C. S. Ed., 1865, R. C. P. Ed., 1865; W. T. Bell, Winters, Yolo county, University of Pennsylvania, 1863; Fred. W. Godon, San Francisco, Bellevue Medical College, 1873; Alvin J. Howe, Los Angeles, Medical College of the Pacific, 1873; A. H. Pratt, Dixon, Medical College of the Pacific, 1872, who were duly elected.

An invitation was received to visit the German Hospital.

Report of Dr. J. F. Montgomery, Chairman of Committee on Education, was referred to Committee on Publication.

No report being received from the Chairman of the Committee on Public Hygiene, the Chairman of Committee on Mental Diseases, Dr. Shurtleff, read his report, which was referred to Committee on Publication.

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The Board of Censors reporting favorably, the following gentlemen were duly elected members of the Society: N. J. Martinache, San Francisco, Faculty of Paris, 1861; William H. Baldwin, Sacramento, Jefferson Medical College, 1875; J. J. Auerbach, San Francisco, University of Frederick and William, Bonn, 1848.

The Secretary reported the following names as constituting the nominating committee for the selection of officers and State Examiners for the ensuing year:

Martin Baker, Tulare; H. J. Crumpton, Lake; F. Delmont, Ventura; C. F. A. Nicholl, Napa; W. A. Grover, San Francisco; C. Cushing, Alameda; N. S. Hamlin, Sutter; G. W. Davis, Butte; Q. C. Smith, Sonoma; J. B. Cox, Santa Clara; H. S. Nichols, Sacramento; E. J. Martin, Santa Cruz; Luke Robinson, Colusa; C. A. Kirkpatrick, San Mateo; G. A. Shurtleff, San Joaquin; M. Pietrzycki, Solano; J. M. Briceland, Shasta; Thos. Ross, Yolo; A. B. Caldwell, Yuba; H. S. Orme, Los Angeles; H. A. Dubois, Marin.

These gentlemen were duly elected as the nominating committee. The minutes of the meeting having been read and approved, the Society adjourned to Thursday morning at 10 o'clock, A. M.

MORNING SESSION—APRIL 20.

The meeting was called to order by the President at 10:30 A. M.

Dr. Toland presented several patients showing the result of operations, among whom was one showing resection of humerus, performed for the purpose of relieving a deformity, which had prevented flexion of the fore arm, the result of faulty union of fracture. Second patient showing results of Perigoff's operation. Third case of amputation of all toes except the great toe.

Dr. Cheney presented the following report from the Committee on Ethics:

The only matter coming before them was that in regard to the ownership of the written prescriptions and the acceptance of commissions from apothecaries, introduced at the last annual meeting by Dr. Stout, and

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we would recommend the adoption of Dr. Stout's resolution, and of this additional one.

RESOLVED, That the State Pharmaceutical Society be requested to take such action as will carry out the spirit of the said resolutions.

The report was received and placed on file.

A communication was received and read from several physicians announcing the formation of a "German Pathological Society."

Dr. Fiske moved that the communication be received and the Society recognized.

Dr. A. E. Regensburger moved to amend by placing the letter on the table.

After some discussion, Dr. Fiske withdrew his motion and the communication was received and placed on file.

Dr. Babcock moved that the German Pathological Society be recognized as a properly qualified local society. The motion was lost.

Dr. F. W. Todd presented the following proposed amendment to the Constitution. Art. 3, Sec. 1. After the word "ballot" add "except Permanent Secretary."

Art. 3, Sec. 4. After "them" add "this officer shall not be subject to annual election, and shall not be removed except for cause shown." Laid over under the rules.

The hour having arrived, the special order was taken up and the Secretary read the report of the Board of Censors upon the admission of ladies to membership.

Dr. Fiske moved postponement of the question until 2 P. M. Motion lost.

After several motions had been made, it was finally decided that the question should be postponed until the return of the nominating committee then in session.

Dr. Fred. P. Biggs, University of California, 1874, was elected to membership.

Dr. Gibbons, Sr., then read the report of the Committee on Practical Medicine.

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Dr. Shackleford, delegate from the Ohio State Society, was invited to a seat in the Convention.

The Committee on Nominations presented their report which was received, and committee discharged.

The Secretary presented a series of resolutions from the Sacramento Society for Medical Improvement relating to the death of Dr. Thos. Logan, which were referred to Committee on Publication.

Adjourned.

AFTERNOON SESSION—APRIL 20.

The Society was called to order by the President at 2 P. M.

The paper of Dr. W. T. Wenzell was presented by Dr. A. E. Regensburger, and referred to the Committee on Publication.

An invitation was received from Dr. C. N. Ellinwood to visit the Marine Hospital, and accepted with the thanks of the Society.

Drs. W. G. Wayman, Bellevue Medical College, 1864, and H. Bak, University of Weimar, 1872, were elected to membership.

The special order having been taken up, Dr. Ezra Carr moved, J. H. Wythe seconding, that the Secretary cast the vote of the Society for the admission of the ladies recommended by the Board of Censors. The Secretary having cast the ballot, the following named ladies were declared duly elected to full membership: Mrs. Drs. Chas. B. Brown, E. P. Stone, S. E. Brown, E. S. Meade and M. E. Bucknill.

The following gentlemen, being nominated by the committee, were elected officers and examiners for the ensuing year:

President—W. FITCH CHENEY, of Butte.

First Vice President—B. D. DEANE, San Francisco.

Second Vice President—N. S. HAMLIN, Yuba City.

Third Vice President—M. B. POND, Napa.

Fourth Vice President—F. W. TODD, Stockton.

Permanent Secretary—G. G. TYRYELL, Sacramento.

First Ass't Secretary—W. T. WYTHE, San Francisco.

Sec. Ass't Secretary—C. H. FISHER, Sacramento.

Treasurer—Ira E. OATMAN, Sacramento.

Board of Censors—G. G. TYRRELL, Sacramento. C. CUSHING, Oakland; W. R. CLUNESS, Sacramento; R. PLUMMER, San Francisco; JNO. T. CROOK, San Francisco.

Next place of meeting—San Francisco.

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Board of Examiners—Jas. SIMPSON, H. GIBBONS, SR., C. M. BATES, San Francisco; H. P. BABCOCK, Oakland; J. F. MONTGOMERY, Sacramento; H. S. ORME, Los Angeles; LUKE ROBINSON, Colusa.

Alternates to serve on Board of Examiners—First Alternate—C. CUSHING, Oakland; Second Alternate—A. B. CALDWELL, Marysville; Third Alternate—ASA CLARK, Stockton.

Dr. Cushing presented the report of the special committee on the case of Dr. Randall:

Your Committee appointed to investigate the charges preferred against Dr. Peter W. Randle, would respectfully report that they have made a careful and searching investigation, and find that the first charge of unprofessional conduct in permitting his name to be used in an advertisement by a so-called Dr. Smith, of the so-called Smithsonian Medical and Hygienic Institute is sustained by the evidence.

In answer to the following question he gave the statements hereto annexed:

Question 1.—Were you a party to the publication of the following advertisement?

"Smithsonian Medical and Hygienic Institute, 635 and 637 California street, San Francisco.—This Health Institute, through its universal formula of healing agencies and the scientific combination of Medicine, Surgery and Hygiene, with its healthful dietary and entire Water Cure appliances, which consist of water dressings and the popular Electro-Russian and Turkish, Thermal, Sitz and Toilet Baths, together with the late inventions in Electro-Magnetic mechanism, now employed in the Institute, presents advantages to all persons afflicted with Paralysis or any form of Rheumatic complaints, Liver or Kidney Diseases, nowhere else to be found on the Pacific Coast. Dr. Smith having for the past seventeen years conducted a Health Institute, mainly in this city, making a specialty of the treatment of Nervo-Vital disease, impotency, sterility, seminal losses and debility of every kind, and all that intricate and insidious class of diseases involved in the brain and vital structures of the body, now invites the attention of all interested to the unequaled facilities for the scientific and skillful treatment of every form of acute or chronic disease peculiar to either male or female. P. W. Randle, M. D., late surgeon in the United States Army, and for the past four years Resident Physician of the State Prison at San Quentin, is in charge of the Dispensatory and Surgical Department and Laboratory of the Institute, and brings an experience, both medical and surgical, second to no practitioner in the regular school of medicine, which Dr. Smith will endeavor to support with his extensive experience and the advantages of the best regulated Hygienic Institute on the Pacific coast. That invalids fail to recover permanent health through the limited means commonly employed by the private practitioner is at least being recognized by intelligent men and women, and in the extensive provisions that have been made for the successful treatment of the special diseases above named, this Reformed Medical Institute has only met the demands of an enlightened public, which is manifest in the liberal

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patronage which is being bestowed on the reform and legitimate practice of the Institute. Consultations free from 9 A. M. to 8 P. M."

Answer.—I did not know anything about it until after it appeared in the paper, when I denounced Dr. Smith for making such use of my name.

Question 2.—Have you been connected with this Institution professionally, or in any way whatever?

Answer.—None whatever. My office was located in a room adjoining the building used by the Institute and that was the only association I ever had with it professionally or otherwise.

Question 3.—How was it that Dr. Smith came to use your name?

Answer.—I do not know. It was purely a liberty on his part and without any understanding with me. He stated to me on one occasion that he would send such patients of his as required medical treatment to me, and thus save them from having to go down into the city. My answer was that he could do that, as he pleased, and I suppose that it was on this conversation that he took the liberty.

Dr. Cushing called upon Dr. Barlow Smith, who made the following statement: that Dr. P. W. Randle was connected with him as his business partner at the Hygienic Institute in San Francisco. That Dr. Randle was aware of the accompanying advertisement being inserted into the San Francisco *Chronicle*, and that said advertisement was inserted in the *Chronicle* with the full knowledge and consent of Dr. Randle, and that the said advertisement remained in the newspaper for about three months.

Your Committee would report that although Dr. Randle denies the charges made against him, the circumstantial evidence is substantiated by the statements of Barlow Smith.

Signed by the Committee.

C. CUSHING, M. D.,
G. A. SHURTLEFF,
GEO. HEWSTON.

It was moved that the report be accepted and Dr. Randle expelled.

Dr. Fiske moved to refer the case to the Board of Censors for further examination. Carried.

On motion of Dr. Hatch it was ordered that the actual expenses incurred by the Board of Examiners be paid by the Treasurer of the Society.

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Dr. Pietrzycki proposed the following amendment to the Constitution:

Art. 3, Sec. 1., shall in future read as follows: The Officers of the Society shall be President, four Vice-Presidents, one Permanent and two Assistant Secretaries, and a Board of Censors of five members. These officers shall be nominated by a nominating committee of eight members elected by the San Francisco delegation, two members elected by the Sacramento county delegation, and one from each county represented in the Society. It shall be the duty of the nominating committee to meet on the evening of the first day of the annual session, organize and nominate the officers above cited, and others which the State Medical Society may instruct them to nominate, and it shall be their duty to report on the morning of the second day of the annual session.

Dr. Jno. A. Tonner, University of Pennsylvania, 1866, was elected a member of the Society.

Dr. Dubois presented his report on Medical Topography, Endemics and Epidemics, which was referred to Committee on Publication.

Dr. Van Wyck reported that he had received no Prize Essays.

Dr. H. Fiske moved that the Society offer a prize of $50.00 for the best essay on any subject presented at next session. Carried.

Dr. R. W. Murphy presented the report of the Committee on Publication and Medical Legislation.

Dr. Gibbons, Chairman of Committee on Necrology, reported that the proper documents would be furnished the Committee on Publication.

Paper of Dr. J. F. Montgomery on Pleuritic Effusion was referred to the Committee on Publication.

Dr. E. H. Woolsey reported cases in practice, and exhibited pathological specimens.

The paper of Dr. J. Bradford Cox, on Febrile State, was referred to Committee on Publication.

Dr. A. B. Stout exhibited a model of an instrument for the production of ozone for the purpose of disinfecting sewers, etc., ozone being generated by electrolysis.

On motion of Dr. J. H. Wythe, the President appointed Drs.

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Shurtleff and Ross additional members of the committee to which was referred certain charges against members of the Society.

Dr. Pierce presented a new apparatus for fractured clavicle.

Dr. F. W. Todd presented the report of the Committee to whom was referred charges against members.

Dr. Stout moved to accept the report.

Dr. B. D. Deane moved as a substitute that it be re-committed to Committee with instructions to report resolutions for the action of the Society. Carried.

Dr. Gibbons, Sr., detailed his experience at Sacramento while acting in behalf of the bill for the suppression of quackery.

Dr. F. W. Todd was appointed delegate to the International Medical Congress.

Drs. C. B. Brigham and H. H. Toland were elected alternates.

Dr. Todd presented the following report of Committee to whom certain charges against members were preferred:

The Committee appointed at the last annual meeting, to consider charges of irregular admission of certain members to this Society, would report that they are satisfied those preferred against Dr. M. Baker, Dr. B. H. Pierson, Dr. W. H. Wells, and Dr. H. S. Baldwin are unfounded, and that they are justly entitled to membership.

That Dr. J. P. Whitney, has not, as far as they can learn, responded to the notification of the Secretary, advising him of the nature of the charges against him.

That Dr. A. S. Ferris is not entitled to membership. Therefore,

RESOLVED, That the charges against Drs. Baker, Pierson, Wells and Baldwin are hereby dismissed, and that Drs. Whitney and Ferris are hereby expelled.

Signed for the Committee,

F. WALTON TODD, M. D.,
Secretary.

Dr. Gibbons, Sr., moved to amend the report by referring the case of Dr. J. P. Whitney to the Board of Censors.

Dr. Wythe, Sr., remarked that he had always been a friend of Dr. Whitney. But for the insult he had offered to the Society, in not taking any notice of the communications sent him by its

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committee, if no other charge existed, he would recommend Dr. Whitney's expulsion.

After some further discussion, during which the original signature of Dr. Whitney to the Constitution was produced, in which he claimed to be a graduate of Jefferson Medical College, of the year 1834, Dr. Gibbons' motion prevailed, and Dr. Whitney's case was so referred.

Dr. B. Deane moved that the case of Dr. Ferris be also referred to the Board of Censors.

Dr. Gibbons, Sr., said that the expulsion of Dr. Ferris was had upon a letter received from Geneva bearing the name of James Towler, who did not even append M. D. to it. Neither was the seal of the College stamped on the letter, or any proof of its authenticity given.

Dr. W. Fitch Cheney said that he knew Dr. James Fowler personally, was acquainted with his handwriting, and could attest that the letter was genuine. That James Towler was an M. D., and also Dean of the Faculty at Geneva College.

Dr. H. Fiske moved that the Board of Censors report this evening upon the case of Dr. Whitney which was ruled out of order.

The resolutions as amended were adopted and Dr. A. S. Ferris expelled.

The Censors reporting favorably, W. B. Simonton, University of Pennsylvania, 1850, was elected a member of the Society.

Dr. Gibbons, Jr. exhibited the cast of an erect penis which was taken from a negro who had persistent priapism for forty-eight days. Both testicles were atrophied, the right one being no larger than a bean, the left being in the spermatic canal. The penis measured eleven and three-fourths inches in length, with a circumference of nine inches at the root, and six inches around the corona glandis.

The minutes of the session being read and approved, the Society adjourned to meet at 7:30 P. M.

EVENING SESSION—APRIL 20.

The Society was called to order by the President at the appointed hour.

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Dr. Miller read a paper on "An Operation for Cicatricial Closure of the Jaws."

On motion, the dues of both Assistant Secretaries were remitted in consideration of their past services.

Dr. Martin, of Watsonville, moved that the thanks of the Society be tendered the retiring officers. Adopted unanimously.

The retiring President, Dr. Nixon, in a few well-chosen words, thanked the members of the Society for their co-operation, and called attention to the bright future before the profession in California.

The President elect, Dr. Cheney, was then introduced to the Society by Dr. Nixon.

Prof. Carr addressed the Society in a few well-timed remarks on the duties of the Profession, and commended the action of the Society in admitting ladies as members of the Society.

Mrs. Dr. Stone replied in a brief but elegant speech returning thanks to the Society for its action.

Mrs. Dr. Charlotte Brown also endorsed the remarks of Dr. Stone.

The Secretary, Dr. Tyrrell, then read the minutes of the evening, and the Society adjourned until the third Wednesday in April, 1877.

After the meeting adjourned, the Society were invited to partake of a magnificent banquet, given by the San Francisco Medical Society, in the Palace Hotel, where mirth and humor reigned supreme.

GERRARD GEORGE TYRRELL, M. D.,
Permanent Secretary.

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ANNUAL ADDRESS

DELIVERED BEFORE THE

CALIFORNIA STATE MEDICAL SOCIETY.

By A. B. NIXON, M. D., President.

Gentlemen of the State Medical Society: It is with no ordinary feelings of pleasure that I congratulate you upon the continued good success of our Association; and as this is the Centennial year of our national existence, it would not appear out of place on this occasion to take a brief retrospective view of the progress made in our profession during the last hundred years.

Before the revolution which resulted in our independence as a nation, there were no medical schools on this continent; however, a few young men went abroad, and were educated in Paris, London and Edinburgh. There were also quite a number in addition to these who came over from the old world to practice their profession in the new. But the greater part of the physicians of that period received their only training in the offices of the more eminent members of the profession, and were licensed to practice by the legislature, or by legally organized medical societies.

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The tendency, however, of licensing, was to lower the standing and culture of the profession.

As early as 1762, Dr. Shippen, of Philadelphia, commenced lecturing to a class of young men on anatomy, and in 1765, he succeeded in organizing the Medical Department of the University of Pennsylvania.

In 1782, the Medical Department of Harvard University was established in Boston. In 1796, the Hanover Medical School, a department of Dartmouth College was founded.

In 1807, the College of Physicians and Surgeons of New York, was incorporated. These were the first permanent schools of medicine duly organized and incorporated up to the date of 1807. We have now fifty-seven medical schools or colleges of the regular practice in the United States. Besides these regular schools of medicine, there are six Homœopathic, four Eclectic, and two Botanic, and as collateral branches of medical science, we have nine Dental Colleges, and sixteen schools of Pharmacy.

Our medical literature will compare well with that of any other country and there is a great abundance of it.

The age in which we live, is one of great mental activity, and in none of the departments of modern civilization has there been greater progress than in medicine and surgery. But little more than a quarter of a century ago, the medical profession of the United States was unorganized and in almost a chaotic condition. It is true there existed city, county and State medical societies, but union and perfect harmony did not exist throughout all our national borders. To give life, influence, and vitality to the profession in America, it was conceived by the public-spirited and more enterprising members of the profession, that something more was needed to give medical men a more influential character, consequently a call was issued for a meeting of a National Medical Convention, which resulted in the organization of the American Medical Association, and to the meeting of that Association here in 1871, may we ascribe much of the success of our State Medical Society. Through the influence mainly of the late Dr. Logan, of Sacramento, the American Medical Society was induced to hold one of its annual sessions in San Francisco. From every State in the Union came representative men of the profession, for the time being relinquishing their business and homes, and crossing the Continent to meet their professional brethren on the shores of the far-off Pacific Ocean. Our State Society, just re-organized after a long lapse of years of inactivity, made the best effort it could, in its then feeble condition, to give our medical friends a cordial and fraternal reception, also the local Society of San

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Francisco did all in its power to receive and entertain our distinguished visitors. With the same motive, and with the same spirit with which we now come together our confreres from the other side of the mountains, from the Atlantic sea-board, and from the Great Lakes of the north, and from the Gulf of Mexico on the south, including the great valleys of the Eastern, Western, Northern and Southern States, came here to meet with us in council, and share with us the garnered knowledge derived from the varied experiences of an active and hard-working profession.

The American Medical Association had its day of trials, and discomforts, but it has overcome all difficulties, and, no doubt, will continue to live on and on, maturing and perfecting its great fundamental object —the advancement of medical science in the United States. Many of our professional men, through their industry and zeal in the prosecution of medical science, have earned for themselves national reputations, and shed lustre upon the age in which they lived. The names of such are too numerous to mention. Some have passed away, and many remain who are now actively engaged in the practice of their profession, striving to achieve still greater accomplishments for the amelioration of human suffering, and the prolongation of human life. During the last hundred years, all must admit great progress has been made in medicine and surgery, and in all the collateral branches of art and science. We are not going to stand still, but, on the contrary, no doubt many great achievements in medicine and surgery will be accomplished. Surgery is now almost reduced to a fine art. With the use of anæsthetics and Esmarch's bloodless operating, surgical operations, especially amputations, are robbed of all their pain and terror. Many operations that were considered unjustifiable at the beginning of the past century are now being performed everywhere with great success. Among the above class of operations may be named ovariotomy and lithotomy.

In the United States very little nas been accomplished in the way of legally protecting and fostering the interests of the medical profession, consequently quackery and charlatanism of all kinds have developed and spread all over the land. It is true, however, that in all cases involving questions of medical jurisp udence in our courts of law and justice, only graduates of medicine had any standing or legal recognition.

The medical profession has its influence diffused more generally over the whole community than that of any other. The duties, varied and intricate as they are, bring its members into more immediate contact

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with every portion of community, and under circumstances favorable to the exertion of a powerful influence, whether that influence be for good or evil. There is a universality in his profession which does not belong to any other.

The educated medical man must be somewhat familar with many parts of natural philosophy, natural history, botany, chemistry, etc.

But if we regard physicians in their professional character and capacity, engaged in the performance of their peculiar duties, we shall find that the community has a still deeper interest in their qualifications. The physician and surgeon is not only brought into contact with all classes of people, but every individual in the community, is sooner or later directly dependent upon him, in matters which concern his most valued interest, his health, his life, and the health and life of those most near and dear to him. For the last quarter of a century quackery in this State has had no legal restraint, consequently this evil has grown so gigantic that the power of the commonwealth has been at last evoked to suppress it. At the last session of the Legislature an Act was passed to "Regulate the practice of medicine in the State of California." Section second of said Act provides that "each State Medical Society, incorporated and in active existence on the tenth day of Marrh, eighteen hundred and seventy-six, whose members are required to possess diplomas, or license from some legally chartered institution, in good standing, shall appoint annually a Board of Examiners, consisting of seven members who shall hold their offices for one year, and until their successors are chosen.

The Examiners so appointed shall go before a county judge, and make oath that they are regular graduates or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in the Board shall be filled by the Society appointing it, by the selection of alternates, or otherwise."

In accordance with the requirements of this law I hereby recommend that the nominating committee of this Society select seven of its members, with alternates, who after being elected shall qualify and serve in said Board of Medical Examiners.

The power of the State to which all educated physicians should look to preserve their rights inviolable from the horde of Vandals who are endeavoring to overrun them by false pretentions and unparalled impudence and effrontery. An examining Board composed of competent and educated men should be elected from our Society before being allowed to practice within the borders of this State. In thus protecting our

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own interest we protect that of the community from the very worst kind of fraud and deception. This is not a new departure, for quite a number of the States have already taken action in this direction. It may be that there are quite a number of very good and respectable practitioners without diplomas, having come to the State before finishing a regular course of studies in the schools. To all such, this Board of Medical Examiners will afford them the opportunity to set themselves right with the public and the profession in this State.

In the early ages of civilization the character of the medical profession depended greatly upon factitious and extrinsic considerations. Ignorant people were easily imposed upon by lofty pretensions and mysterious concealment. But that age, happily, is rapidly passing away. Old things are becoming suspected merely because they are old. The authority of great names, inspired men so-called, etc., are subjected to the scrutiny of scientific investigation, and dogmas and creeds are swept away as mere rubbish garnered in the storehouse of musty time. The days of fable and mystery are no longer respected in these days of scientific research and reason.

The untrammeled mind of the nineteenth century has but little respect for anything but truth, however a love of the marvelous and a taint of superstition may yet remain to a considerable extent among the masses of the people. Quackery and charlatanism in their grossest forms fasten and fatten upon the superstition of the people, and thus live off the misfortunes of the credulous and unsuspecting. I say let the just laws of the State disarm the quack and ignorant pretenders, and whether high or low, let the guilty be marked as a libel in the profession and as a fraud upon the public. This State has been overrun with a class of people claiming to be doctors of one kind or another until the regularly educated physician found himself surrounded by them, and owing to their aggressive and impudent pretentions, actually found himself acting upon the defensive in regard to his claims upon the public for patronage. This state of affairs was not only humiliating but degrading, and well calculated to disgust an honest and high-minded physician with the practice of his profession.

The age in which we live, however, may well be termed an age of transition, and the medical world cannot perhaps be reasonably expected to escape entirely its tortures and changes, but the liberal, reflecting and enlightened portion of the people are representative of a better time coming, when deeper draughts from the general fountain of knowledge shall dissipate superstition and ignorance, and medical science and med-

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ical men will be better appreciated by a wiser and more enlightened generation.

In all departments of knowledge and industry, great progress has been made during the brief period of our national existence. The oldest and the newest civilizations of the world are here brought face to face, separated only by the broad waters of the Pacific Ocean. Here in San Francisco, center representative classes of all the commerce of the entire civilized world, and here people of every clime dwell in our midst. Here in our hospitals can be studied every disease known to man, and also seen at the bedside, and I may well add that here may be located in the no very distant future the most favored spot on the globe in which to obtain the most varied and thorough medical education.

I would have our State Society nurture and sustain our own medical schools and instead of sending our young men abroad to be educated, it should be our aim to attain students from abroad, owing to our superior facilities in providing means for thorough medical education.

This Society has been the means of bringing together many distinguished members of the profession from almost every county in this State.

A good and fraternal feeling has been established which has already been of marked and decided advantage to our profession. The coldness and indifference which medical men were so much accustomed to manifest towards each other, has to a great extent passed away under the benign influence of organized associations, and where jealousy, suspicion and distrust of each other existed in the past, now under the influence of medical societies a great change for the better is quite manifest almost anywhere, but there is still room for improvement in that direction.

For one medical man to speak disparagingly of another under ordinary circumstances is the very essence of meanness, and the sooner all physicians should be made sensibly aware of the fact, the better it will be for the profession at large. By generally defending each other before the public we discharge only the duty of a common obligation and thereby create a general respect for the profession which inures to the dignity and benefit of all.

Since our last annual meeting one of most active and useful members has passed from time to eternity. From the first organization of this Society he was always present with us, taking a most prominent part in our proceedings. Through his instrumentality, mainly, the

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chaotic condition of the profession in this State was organized, and by his great zeal and energy, our Society commands the respect and admiration of the profession generally throughout the United States, and is not entirely unknown to the other civilized portions of the most distant parts of the world. It is not necessary that I should mention the name of Dr. Thomas M. Logan, for you all know to whom I refer. In the social circle he was genial, kind and amiable, and as a physician and scientist his reputation extended over two continents, and as an honored member of this Society he was loved and respected by all.

In regard to the annual transactions of our State Society, they compare well with similar productions of other States, and have been very complimentarily alluded to by quite a number of medical journals.

Last year I had the honor to preside over this Society, owing to your worthy President, Dr. Brown, being called away from the State on account of his official duties connected with the United States Navy. On this occasion I hope to derive some benefit from my past experience as your presiding officer, and shall endeavor with your kind forbearance and assistance to conduct the business which comes before us with due dispatch and harmony.

To say that I thank the Society for the honor which has been conferred upon me would but feebly express the feelings of my heart.

I shall ever cherish with gratitude the distinguished honor which you have conferred upon me, and shall continue to co-operate with you in perpetuating the success and usefulness of our Society.

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REPORT ON PRACTICAL MEDICINE.

BY HENRY GIBBONS, SR., M. D., CHAIRMAN.

A quarter of a century has elapsed since the general peopling of California by immigrants of the Caucasian race from the Atlantic States and from Europe, now numbering, with their descendants, about 500,000 souls. In the history of the human family there is no other instance of a transportation so extensive and diversified and a development so rapid. The blood of all civilized nations, with all its qualities, moral and physical, good and bad, has been poured into the common alembic, presenting to the ethnologist the elements of an interesting problem, and suggesting to the medical philosopher the enquiry, how far circumstances so unusual may affect health and life; modify the organization in regard to disease, and give rise to new forms of morbid action.

Thus far, no striking results are perceptible. The new population, with its diversities of race and habits, transferred to a climate or climates entirely new to all, has exhibited no new phases of disease. The characteristics of the human animal are faithfully preserved, and additional evidence is afforded, were such evidence needed, that man is man in spite of circumstances. The history of disease among us will present occasional variations from the standard types, but not more so perhaps than that of other countries. I propose in this paper, without confining myself to method, to note such points of interest connected with the subject as may rise to view on looking back over the twenty-six years of my California practice.

The absence of epidemics is worthy of note. Hitherto the epidemic tendency has been strangely wanting. In the Autumn of 1850,

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and the ensuing Summer, malignant cholera prevailed destructively in some localities. Several times since it has been introduced in ships, and the subjects of it have been landed at San Francisco without restraint. But I am not aware that a single instance ever occurred in which it was even suspected to have been propagated. There have been several epidemics of small-pox, the last of which, in 1870, was unusually virulent and fatal; diptheria, scarlatina, measles, pertussis, have been constantly present here and there, in a sporadic or endemic form, cerebro-spinal meningitis has made a few alarming threats in remote localities, but speedily disappeared. In the Spring and early Summer bronchial affections have prevailed, sometimes to a suffiqient extent to be entitled to the appellation of influenza. The valleys and river bottoms of the interior have had their regular annual visitations of malarious fever.

Valuable as are mortuary statistics for many purposes, they fail to give an adequate idea of prevailing diseases. For instance, five deaths from a disease of great fatality might represent only ten cases, whilst five deaths from another form of disease more curable, would stand for a hundred cases. To determine the healthfulness of a given locality, it is necessary to record all cases of disease, as well as of death. The late Dr. Logan, our lamented confrere, was engaged at the time of his death in the endeavor to procure such returns through the correspondence of the State Board of Health.

Conjoined with a public epidemic diathesis, there seem to exist an absence of contagious activity in many diseases of that class known as generally contagious. Thus typhoid fever is set down abroad as contagious; but although for twenty years I have rarely been without cases of that disease under my charge in private or hospital practice, I have never in one solitary instance known it to be communicated from one person to another. This is the general experience of other practitioners whose opinions I have sought.

Nor have scarlatina and diptheria, within the range of my observation, exhibited that active power of communication generally attributed to them. By far the larger proportion of cases have been sporadic and isolated, though occurring in families of children where no special provision was made against contagion. It is true that children of the same household are liable to be attacked one after another. The same may be said of intermittent fever, and the common disorders of the throat and respiratory organs. Why should contagion be alleged in the one case and not in the other?

For four years, from 1856 to 1860 inclusive, I resided and practiced

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in Alameda county. The only cases of typhoid fever that I saw during that period were in isolated country houses, in situations which had every visible indication of salubrity. Oakland then contained a population of three or four thousand, and there were other settlements in the county with five hundred or one thousand people. These centers of population were nearly all located on flat ground, without drainage, and drew their supply of water from wells ten to twenty feet deep. But there was no typhoid fever, or but little of it, in the towns, while, as already stated, it was quite frequent in country places. I have even seen it in the "Redwoods"—the hill country several miles from the table land. In all these cases the causes pertained to the locality, and attached themselves to some particular house. To attribute the disease to bad drainage, or to the infiltration of fecal or other foul matters into the water, would be the ascription of the greatest effects to the slightest causes; or in other words, it would assume that the disease was produced when there was the least cause for it, and made no appearance where the causes were most abundant.

It is only within the last two or three years that any attention was given by the people of Oakland to drainage or the water supply. The population had grown to 15,000, and the offal and excrement of twenty years lay accumulated in the soil, and the inhabitants drank the water from shallow wells. They were warned by the example of Buenos Ayres, nearly devastated by a pestilence which was ascribed to a condition of things precisely similar. Then for the first time a system of drainage was instituted, and a supply of pure water was brought from the distant hills. Strange to say, typhoid fever, scarcely known in Oakland in former years, has appeared there in a notable degree during the past year.

In San Francisco typhoid fever is always present in its sporadic character. Along the city front the sewers pour out their filth beneath the dwellings of the inhabitants. The air is damp, foul and feted. But this is not the favorite cradle of the disease, on the contrary it seeks the outskirts, where the air is pure and the drainage perfect, and where all the sensible conditions are those of salubrity.

These remarks are not intended to attract from the value of pure air, pure water, drainage, cleanliness, and other preservations of health. They are offered as facts bearing on the causation of disease. In tracing the influence of supposed miasmatic agents, we very naturally give undue importance to those which offend the senses, especially to repulsive odors. I am satisfied that the essential causes of typhoid are not appreciable by the senses; that they are so subtle as to evade all our

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powers of perception. The same may be said of all zymotic diseases. They are supposed to arise from specific poisons conveyed through the atmosphere. But what one of the long list has any odor? What zymotic disorder can be smelled out? The patients sometimes emit odors –in small-pox, for instance. But who will claim that the seminal poison of this disease, in its diffused and yet active state, can be detected by the olfactory nerves?

The truth is, noxious emanations productive of zymotic disorders are not generally associated with offensive odors. On the contrary, the foulest effluvia appear rather to counteract than to promote contagion. Our city front, where the foul sewerage from a vast population is constantly poured forth, and mingling with the mud of the docks, creates a permanent source of intolerable stench, suffers less from typhoid and malarial disease than the outskirts which enjoy a clean and pure atmosphere. The workman in the sewers of London were exempt from cholera, whilst the pestilence was raging in the city over their heads. Butchers and workers in slaughter-houses, amid the reeking fumes of putrefaction, are noted for the enjoyment of health, Men who follow "night work" as a pursuit are seldom sick. On the other hand, the virgin earth, hitherto unpolluted and untrodden by man, when turned up by the plough eliminates a miasm virulent, but inodorous. Scientists who favor the germ theory of disease, may explain these phenomena by assuming that hydrogen sulphide and other offensive gases are fatal to the disease-producing organisms.

Practitioners in general are cognizant of the fact that certain diseases, notably diphtheria and typhoid fever, sometimes take possession of a dwelling and do not relinquish their grasp till nearly every inmate has succumbed to their influence. Seldom can we trace this phenomenon to other than merely conjectural causes. The dwelling may be clean and well located, the family observant of every hygienic care, and still the work of death goes on.

A proneness to certain diseases exists in certain families. I do not refer to the inheritance of the tubercular constitution, but to affections not so obviously due to transmitted organization. The children of parents whose history gives no clue to the circumstance, shall die one after another, of croup, or of diphtheria, and this notwithstanding the utmost preventive care. It is sometimes impossible for parents having a numerous progeny, to rear a single child beyond the age of infancy. Careful observation will detect peculiarities of this character, so far as concerns the tendency to certain diseases or modifications of disease, or the action of certain remedies, in almost every family. It is as much

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the duty of the medical attendant to study these features of the families in his charge, as to familiarize himself with pathology and therapeutics.

Although typhoid or enteric fever is nearly always and everywhere present, yet fortunately it seldom grows into an epidemic, being restricted in the main to sporadic cases. Nevertheless it presents one of the most interesting themes for study and for speculation. Of late years the idea has gained universal currency, that it is propagated by the pollution of drinking water with fecal matter and by the effluvia from drains or sewers. This theory is very convenient, because it can always be lent to an application. There is no dwelling house anywhere but has a sewer or no sewer. If the latter, want of drainage is sufficient cause for typhoid. If the former, it is always possible for emanations from the sewer to escape with the house. He is a poor logician who cannot handle this theory to suit all cases.

In Europe, several endemics of typhoid have been attributed to milk. Families that used the milk of certain dairies were observed to suffer. In one case it was discovered that the milk pans had been washed with water from a well into which fecal matters drained or might have drained; and this was deemed a sufficient cause. Vaccination also has been charged with communicating the disease. A physician in Italy vaccinated fifty pupils in a school, on account of the approach of small-pox. Ten succeeded and forty failed. In three weeks thirty-four of the forty took "typhus" fever simultaneously, and three died. The physician does not hesitate to charge the typhoid to the vaccination. None of those who took the vaccination were attacked by the fever—the two poisons, according to the explanation, neutralizing each other.

A large proportion of the populated surface of California is subject to malarial influence—in fact, all the vallies in the State, excepting those few which are open to the sea winds. The Winters are so mild as not altogether to suspend the morbid action. Hence there is present in nearly all forms of disease a malarial or intermittent taint. Indeed this remark applies as well in San Francisco as elsewhere. Persons who have never resided in a malarious district, and who have lived for years within the city, exhibit the intermittent tendency in their complaints. For this reason quinia is in universal demand.

Affections of an intermittent character, such as are commonly classed as malarial, are quite common in San Francisco. There are occasional cases of protracted fever bordering on typhoid, designated by some as

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typho-malarial. In those cases the enterie symptoms are generally wanting.

On the first influx of population, when a wholesome variety of food was wanting, and when men fed largely on salted provisions and on beef which had been run down before killing, dysentery prevailed to a great extent. But it diminished with improved modes of living, and from that time onward has been a rare disease. An exception, however, must be made in regard to San Joaquin county, in which dysentery has been epidemic for a number of years. The attention of the Society has been called to this subject at former session by Dr. Walton F. Todd, whose successful treatment of it by large doses of ipecac, will be remembered with profit.

Erysipelas was more prevalent at an early date than for some years past. It was frequently induced by the practice among miners of standing at their work in the ice cold waters of the mountain streams, beneath a vertical sun, with an atmospheric temperature of 100°, and often upwards. That the human organization can endure such an ordeal is surprising. And yet it is true that all over the interior valleys, with a regular temperature of 90° to 100° or 105°, at noon, for months in succession, and beneath a sky which in the Summer months never for a moment furnishes a kindly cloud to shield from the burning sun, men will toil laboriously through the season from morning to night, in the enjoyment of perfect health and vigor of muscle. One day of our inland Summer temperature would record one hundred deaths by sun-stroke in the city of New York, and yet the deaths by sun-stroke in California are fewer than those by lightning in a like population on the Atlantic slope.

The secret of our immunity from the ordinary effects of extreme heat, is in part the dryness of the atmosphere and its consequent evaporating power exercised on the surface of the body and the lungs, but chiefly the uniform coolness of the nights. The laborer rises in the morning refreshed and invigorated by "nature's blest restorer," and not weary and languid from tossing all night in the sweltering heat.

A general idea of the climates of California may be formed by contemplating, first, the inland type as I have described it, and second, its antagonist and opposite, the ocean climate, which depends indirectly on the same cause. These two climates, in their perpetual antagonism, create the third type, which occupies an extensive battle-ground presenting great varieties and modifications, many of which are among the most agreeable and salubrious in the world.

To return for a moment to the subject of erysipelas, I am informed

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that it is extremely common in the elevations of the Sierras about Truckee, and among the lumbermen of that region. Every injury, often the slighest scratch of a splinter, takes on erysipelatous inflamation. But it is seldom fatal.

After so long observation and enquiry on the subject of climate, one might expect some definite conclusions to have been established, in relation to the healthfulness, positive and comparative, of different sections and localities. But such is not the case. Those professional gentlemen who have given the subject the most attention, hesitate in their choice, or advise with reluctance when required to select resorts for invalids. Many invalids have come to this Coast in pursuit of health and have found it, almost wherever they happened to alight. That particular spot becomes to *them* a sanitarium. But the point of difficulty is to distinguish between the effects of a change of climate and of residence in general, and the peculiar influence of the new climate and residence. Because a bronchial and pulmonary trouble has disappeared on coming from the East to San Francisco, it were hasty to refer it to the influence of our climate. I am conversant with the case of a gentleman and his wife who left their home in England and came to California on account of the former being threatened with a pulmonary affection, hereditary in its character. He improved rapidly on his arrival, whilst his wife, who had enjoyed perfect health in her former home, began to develop pulmonary disease, which has steadily increased to very serious proportions. The husband is always benefitted by coming from the interior to San Francisco, whilst the wife is always injured.

It is difficult to discriminate between the effects of a new climate and the effects of a mere change of climate. Change of climate is in itself a powerful alterative. It is revolutionary. Travel begins the process new scenes, new pursuits, new thoughts, new hopes, create a new life. In this manner the change from a good climate to a bad one will often cure. The "medicina mentis" is always of essential importance.

I know a lady of education and refinement who was a victim of dyspepsia, and who could not be induced by her physician to take proper exercise. She wanted "medicine." He directed her to drink a glass of water every morning before breakfast from a pump a mile from her abode, the water of which was impregnated with iron. She followed his instructions, walking every morning to the pump and back, and carefully imbibing the valuable draught. Her health improved until she was almost well, when she proposed to the physician to have

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a supply of the water brought to her house. The suggestion was fraught with danger. But he adroitly met it by assuring her that the iron in the water was kept in solution by carbonic acid gas, which would escape and cause the metal to precipitate. The explanation was so palpable to her understanding that she abandoned the hazardous project of a home supply, and continued to walk and to drink the water at the pump.

Perhaps the celebrated Tartarian cure for consumption operates in the same manner. The Russian doctors, we are told, send their consumptive patients to the steppes of Tartary to drink koumiss; and many recover. Now koumiss is nothing but goat's milk on the way to destruction—a decomposing compound of sugar, oil, cheese, alcohol and vinegar. I have no doubt the cure of the islanders, prepared by chewing corn and exposing the result to fermentation, would answer the same purpose; that is, provided the steppes of Tartary, or the Sierras of California were mingled with the draught.

Within a few days I have been consulted by a Scotch gentleman of education and intelligence, who sought information in regard to the climate of California. He was an invalid, and had spent two years in travel, seeking a congenial climate. He had visited the health resorts of Europe and the Atlantic States and had spent some time in Australia. Thus far his preference was decidedly for San Francisco. An invalid friend had enjoyed the same experience, and was never so well as in the exhilerating sea wind of this region. He had friends in Scotland who desired to journey for their health, and who had applied to him for information respecting our climate. Such cases are common, as most of my hearers can testify of their own knowledge.

Too much importance cannot be attached to the subject of the climatic relations of our State and of its different sections to diseases of the pulmonary organs. Our individual interests as practitioners, the interests of medical science, and the well being of humanity, are all involved in the question, to say nothing of financial considerations. The number of persons in different parts of the world who seek relief or protection from disease by travel and change of abode, increases rapidly from year to year. All eyes are turned towards this western land. The most erroneous statements have been circulated, either by travelers or by interested residents. It is our imperative duty as medical men to correct such errors and to disseminate the truth. In some respects our State, as a sanitarium, has advantages superior to all other resorts. Everywhere else things are on a limited scale—a single district, a single

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climate, a narrow circle of movement. But here we have almost a continent within our confines, diversified by ocean and bay, by valley and mountain, all in gigantic proportions and endless variety. Our climates range from torrid to temperate, with a hundred intermediate shades. Nature has been lavish of her charms, and given us a land full of beauties and of glories, and fit to attract pilgrims from the four quarters of the earth.

The climate of San Francisco has the reputation of being rapidly exhaustive of nervous power. Men absorbed in business complain of discomfort and debility. They strain every nerve in the exciting pursuit of wealth, day after day and week after week keeping up the tension in the one direction from morning to night, supplying the fancied waste by stimulating draughts, recreating, if at all, in dissipation at unseasonable hours, and after all this wear and tear of the vital machine, they charge on the climate the natural and inevitable results of their own violation of the laws of Nature. So far from the climate being unfavorable in this respect, I think it can be safely averred, that there is no climate in the world which, with proper regard to hygienic laws, enables men to endure more toil of body and mind, and to resist more effectually the ordinary causes of disease, than that of San Francisco and of the coast in general, within the range of the ocean-winds.

In regard to the choice of climates for invalids coming from the Atlantic States and other regions, it is a great mistake to suppose that any one locality will suit all forms of disease or invalidism. Doubtless some general rules can be established; but in their application many exceptions will present. The Winters are mild everywhere in California except in the high mountains. But they are milder and dryer in the South than elsewhere, and consumptives will therefore find in San Diego, Santa Barbara, Los Angeles, and other Southern localities, the most desirable abode in Winter and early Spring, but in the Summer I believe the bay climate is not excelled in sanitary qualities by any other. In the advanced stages of pulmonary disease it may be well for the patient, whose lease of life is but a question of time, to select a location and there remain; but this is wrong policy in incipient cases, or where disease is merely threatened. Here the successful pursuit of health requires change and motion, and the best possible programme is to travel from place to place, from ocean to lake, over valley and mountain, putting to the test the qualities of every locality. The chances are that by the time the health-seeker has discovered the most salubrious spot he will have regained his health.

Although nothing short of actual trial will determine the fitness of

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climate or locality in a given case, yet we may often discriminate in regard to the class of patients. Those having rheumatic or neuralgic complications should avoid the sea board. So should those who are sensitive to cold and whose hands and feet lose their temperature on slight exposure. On the contrary, when cold induces prompt reaction and has no chilling effect, when exposure is followed speedily by a glow of the surface—in other words, when there is an abundant supply of animal heat the ocean climate is likely to be best adapted.

There are two opposite courses of hygiene appropriate to consumptives: An out-door life on the one hand, and housing and protection on the other. Up to a given point in the progress of each case, the former is applicable; after that the latter. There is no half-way course. As soon as the patient can no longer live almost entirely in the open air, domestic comfort must be diligently studied. In the ocean climates particularly fire should be kindled on the hearth morning and evening.

It is now a well established principle in therapeutics that an out-door life for those predisposed to phthisic, or in the incipient stages, is prophylactic and curative beyond any other course. Owing to the absence of rain for six months of the year, and the small number of rainy days in the other six months, California offers opportunities for carrying out this plan almost unequalled elsewhere.

"Camping out" is getting to be a common practice with invalids. A party is formed, and some mountain nook or other desirable spot is selected, where, with tents and simple bedding and cooking utensils, the company spend their time in fishing and hunting, and recreation of all kinds; and if happily they possess the intellectual means, in the practical study of the charming Book of Nature. Not only do consumptives in the early stages of the disease—only in the early stages, however—encounter the exposure with safety, but they almost invariably improve in health and strength.

Many of the best Summer health resorts in the world are distributed in that section of California North of the Bay of San Francisco and between the Coast range of mountains and the Sierras. An extraordinary variety of mineral springs of all temperatures are here found. Any desirable elevation may be attained, from one hundred to two or three thousand feet above the ocean level, together with climates the most agreeable and genial. An invalid who is capable of scientific observation may derive several months of exquisite enjoyment from the exploration of the natural features of this region.

I will conclude this very imperfect report with a brief schedule of the advice which I have been of late years in the practice of giving to

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invalids, particularly to those with consumptive tendencies, who have consulted me on the subject of health resorts.

Set out and find for yourself the place you want. If you are able to ride in the saddle, be sure to do so every day wherever you are. Stop at a place only as long as your health improves. Buy a horse or a mule, mount him and strike out thro' the country, over vale and mountains, on an exploring expedition. If the weather is hot, use the early morning and lay by from the hot sun, or for other good cause. Keep moving, up to the point of prudent endurance. Eat anything your appetite craves. Accustom yourself to rough, wholesome fare. Drink all the milk you can, and if you cant get milk, drink cream. Let whisky alone. Always wear flannel next the body. Never omit the daily worship of cloacina.

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REPORT OF COMMITTEE ON OBSTETRICS.

BY CLINTON CUSHING, M. D., OF OAKLAND.

As Chairman of the Committee on Obstetrics for the present year, I have thought best to collect, as far as possible, the opinions of the profession throughout the State upon several important questions relating to Obstetrics and diseases of women.

To accomplished this, I had printed and forwarded to all the members of the State Society, the following blanks, together with the request that it be filled up and returned to me.

Thus far I have had thirty-nine blanks returned from various parts of the State, and I have to express my regrets at the small number, for the answer to my questions were not so much for my own convenience, as for the general good of the Society.

Question 1.—Is uterine disease more frequent on this coast than in other portions of the country where you have resided? If so, what in your opinion are the causes?

Question 2.— What proportion of your obstetric cases require the use of forceps?

Question 3.—Have you had puerperal fever in your vicinity during the past year? If so, what are the causes, what the treatment, and with what success?

Question 4.—Is puerperal fever contagious? If so, in what manner?

Although the returns are not as full as I could have wished, I have

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received answers from nearly all parts of the State, sufficient at least to use as a basis for this report.

In relation to the first question quite a large number had no settled opinion in the matter. Of those who expressed an opinion, they were about equally divided, one-half the gentlemen believing that uterine disease was more frequent here, the other half believing that there was no more uterine disease here, than in other portions of the Union, or of the world where they have resided.

My own opinion is, that we do not have more uterine disease here than elsewhere, although it is a question that is difficult or impossible to settle at this time, for our State is still young, and we have no statistics as yet, to govern us in forming an opinion.

As to the causes, those enumerated are the causes that prevail alike in all countries, viz: imprudence following confinement, abortion, tight-lacing, carelessness at the menstrual period, depression of vitality on account of the heat of the summer. etc.

There is a circumstance that I think should be considered in this connection.

I find among the families I attend, that there is a considerable number of young girls between the ages of fifteen and twenty years, who suffer from more or less leucorrheal discharge, this discharge accompanied with backache, lassitude, and inability to endure active exercise.

This condition dates in some instances from the first appearance of the menses; in others, dating from some imprudence during the period of menstruation, such as getting their feet wet, attending parties in thin dresses, etc., the imprudence resulting in a sudden stoppage of the flow, and leaving behind a congested condition of the uterus, followed by diseases of the cervical glands with increased discharge, erosion and chronic inflammation, which, unaided, has so little tendency to heal.

I have no doubt that in girls of a strumous diathesis, the congestion attending the disappearance of the first menstrual flow, is sufficient to set up enough irritation of the uterus, to act as a cause of disease.

In these cases, female modesty, and the carelessness of parents, prevent any steps being taken to relieve the abnormal condition, and it only requires that the girl be married in order to develop an amount of disease that unfits her for the duties of life.

I believe it to be the duty of every physician to impress upon mothers the necessity of giving their daughters especial care and watchfulness at the time of menstruation, and when he finds that disease exists, to see to it that nothing is left undone to relieve it as far as possible.

I am well aware that physicians, out of regard to the feelings of

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young women, avoid any interference as long as the girl is not in absolute danger, but I think we should put aside any false modesty in ourselves, and overcome the scruples of our patients, when their welfare is at stake.

Another point to which I ask your attention, is, to the present system of educating our girls. As you are well aware, the disposition at the present day is to develop the brain and the nervous system at the expense of the physical.

With the constant stimulus of precept and of rivalry, with confinement to the house and schoolroom for ten months in the year, however well it may be borne by the boy, who spends every available moment in the open air in active exercise, the effect upon the girl with the feebler physical system and her naturally sensitive nervous organization, is to unfit her in a marked degree for the duties of a wife and mother, or to use the words of one of the ablest writers on this subject that this country has ever produced, Prof. J. W. Thomas, of New York: "The results are rapid development of the brain and nervous system, precocious talent, refined and cultivated taste, and a fascinating vivacity on the one hand; a morbid impressibility, great feebleness of the muscular system and marked tendency to diseases of the generative organs on the other."

The remedy is obvious: less confinement to school-room and house, and more time devoted to exercise in the open air in early life, and more retirement and quiet as the girl develops, instead of trials and struggles, as is the fashion of the day.

I do not desire that any of the gentlemen present should for a moment think that I am opposed to the education of women, as far as it can be done compatibly with the safety of her health; but if the question is to be superior education with physical weakness, or moderate education with robust health I should say take the latter by all means.

In answer to the second question, "What proportion of your obstetric cases require the use of forceps?" as would be expected, the answers vary widely; one gentleman uses forceps in twenty per cent. of his cases, or one in every five; another uses them in only one-half of one per cent., or once in two hundred cases.

The average of the whole number of those who have answered my questions, is about six per cent., or about one in seventeen.

Judging from the source of the various answers, and also from my personal experience, I should say that forceps are used in a much

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larger proportion of cases in the cities and larger towns, than in the country.

This is probably accounted for by the fact that the profession in the cities are more familiar with, and accustomed to the use of forceps, and use them in cases of tedious labor, that in country practice would be left to the unaided efforts of nature.

I should state that several gentlemen in their answers report that they use forceps more frequently every year, and have no cause to regret doing so.

That in country practice so large a proportion of labor cases ultimately recover unaided, or, without instrumental aid, is to my mind no proof that it is the best plan to leave to nature all cures that can possibly get through unaided, and I am satisfied that much unnecessary pain and exhaustion can be avoided, and much valuable time saved by a judicious use of the forceps.

To use the words of one of the greatest men that has lived in this generation, Prof. Simpson, of Edinburgh: "Wait to see what nature can effect, not what she can endure."

Prof. Simpson has made certain propositions that statistics and experience have proven the truth of, and I think them of sufficient importance to incorporate in this report:

"The maternal mortality attendant upon parturition, increases in a ratio progressive with the increased duration of labor."

"The same holds good in regard to infantile mortality."

"The liability to most of the morbid complications, and the liability to febrile and inflammatory affections in the puerperal state, increases in proportion as the previous labor has been prolonged in its duration."

"The danger of instrumental delivery, depends more upon the previous length and duration of the labor, than upon the operation employed."

In my own practice I have used forceps in twelve per cent. of my cases, and thus far I have seen but one case where any ill effects resulted.

In that case there was extensive laceration of the perineum (unavoidable) followed by cellulitis, peritonitis, and death.

In no case has there been any damage to the child.

The rule that I have observed in the management of labor cases, is to leave the case to the efforts of nature so long as the labor was progressing, and the woman's general condition was good; but the moment the woman begins to show signs of exhaustion, and the pains become

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ineffective from any cause; whether due to a weak condition of the uterus itself, an unyielding os, a disproportion in the size of the head, and the pelvis, as well as in cases of convulsions or hemorrhage, I at once apply the forceps, and proceed to deliver, using caution and gentleness in all cases.

If the effort to deliver is unsuccessful, the forceps are easily removed, and no harm is done, if only a reasonable amount of force has been used.

If instrumental delivery be absolutely required, resort to it early, for the sake of the child and the mother, for, as has already been stated, the more prolonged the labor, the greater the danger to both.

During the past few years I have used the forceps with advantage in several cases, that, according to the books, would have been treated in an entirely different manner.

I had been taught to believe that forceps should not be used until the first stage of labor was completed; but about three years ago, I attended a case of confinement, in which I had to deal with what is known as undilatable os uteri.

The os was thin and firm, and although the pains seemed of sufficient strength, but little progress took place. At the end of twenty-four hours I gave full doses of opium, and subsequently full doses of chloral hydrate, but without producing any good effect.

The belladonna ointment I did not use, for I have never perceived any good effect in any of the cases in which I have used it.

At the end of sixty hours, being disgusted at the effect of my remedies, and the patient considerably exhausted, I determined to try the effect of forceps.

The os was dilated not to exceed two inches, and I succeeded in passing a pair of long, narrow-bladed, double-curved forceps without much difficulty, the patient being under the influence of chloroform.

Under the traction, which was made gradually, the os steadily dilated, and I delivered a large, healthy boy, at the end of forty minutes from the commencement of the operation.

Mother and child made a good recovery.

Since that time I have treated three similar cases in a like manner, and with the same result.

As Dr. Johnson, of the Rotunda Lying-in Hospital, in Dublin, says, "it is wonderful in how short a time the os would become expanded under this plan of management."

I use but one pair of forceps in all cases; these are the long, double-curved forceps, similar in pattern to those of Prof. White, of Buffalo.

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They are light, and easily managed, and can be applied with facility above the brim, or in the cavity of the pelvis.

The lock is an excellent one, and I have never yet had them slip from the child's head.

I follow the American fashion, and place the woman on her back, with the hips brought to the edge of the bed; but when the head is still above the brim, it is a question in my mind whether the English cushion is not the best, with the woman on her side, with the hips at the edge of the bed, and the knees drawn up.

Whether anæsthetics are used or not, depends upon the amount of suffering, and the firmness of the patient.

For the past few years I use ether instead of chloroform, believing it to be safer.

I invariably give a fluid drachm of the fluid extract ergot, after the delivery of the child, in order to secure as far as possible, a firm contraction of the uterus, the prevention of hemorrhage, and the formation of clots of blood in the uterus.

If there is any considerable suffering following labor, I give sufficient morphia to control it.

To the question, "Have you had puerperal fever in your vicinity during the past year?" I have received thirty-eight answers.

Ten of the number state that they have had cases of puerperal fever during the past year; none appeared to be of the epidemic variety, nor is any case reported where contagion seemed to be a cause of the disease.

I think many professional men look upon puerperal fever and puerperal peritonitis as one and the same disease, and perhaps I might include also puerperal septicæmia, puerperal metritis, and the inflammation of the areolar tissue in the pelvis following parturition, and known as puerperal cellulitis.

In the cases that have been reported to me in detail, I should say that they seem to me to describe more nearly peritonitis and septicæmia; more especially as the causes mentioned are those which are usually productive of peritonitis, such as carelessness following delivery, exposure to cold, getting up too soon, etc.

Dr. Cheney, of Chico, and Dr. Frisbie, of Vallejo, both speak of the fact that whenever erysipelas is prevalent, puerperal fever is more frequent.

In answer to the question as to the causes of puerperal fever, the only ones mentioned are exposure to cold, malaria, and erysipelas.

The treatment mentioned is opium, quinine, tincture iron, and

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veratrum viride, with stimulants, and beef essence internally, turpentine and hot fomentations to abdomen, and vaginal injections containing carbolic acid.

The percentage of recoveries of all cases reported for the past year, is about 70 per cent.

The question as to whether puerperal fever is contagious, or not, may seem superfluous to many, but to show that it is not so, is to state that out of thirty-five answers to the question, five reply that they do not think it contagious, while thirty answer in the affirmative.

An immense amount of labor has been given the subject of puerperal fever by men of talent and experience, in various parts of the world, and much valuable information has been collected. Notwithstanding the fact that we are still on the threshold of discoveries, enough is known in relation to the disease, to bear me out in making the following statements:

That puerperal fever is a disease of the blood, primarily, that it is contagious, and sometimes epidemic; that local inflammations often accompany the disease, but do not produce it; that many cases are recorded of death from puerperal fever, when upon post mortem examination no local inflammation or disease was discovered.

That we are as ignorant of the peculiar poison, or the changes in the blood, as we are in other essential fevers such as scarlet fever, typhoid, etc.

That we may have septicæmia, peritonitis, metritis, or cellulitis without having puerperal fever, and without their being contagious except by actual contact.

That the symptoms are a rapid pulse with slight chill, coming on within the first five days after labor; that the temperature goes rapidly up to 104° or 105°; that in many cases there is absence of any considerable pain, with a constant tendency to collapse.

That the treatment should be a sustaining one; opium, quinine, tincture of iron, stimulants and nourishment; any local complications to be treated on general principles, disinfectants, and vaginal injections, with warm baths and carbolic acid when indicated.

Dr. Ross, of Woodland, reports a case of fatal septicæmia in a puerperal woman, complicated with a violent destructive inflammation of the left eye; he also reports a case of puerperal convulsions coming on six hours after delivery, and successfully treated by from twenty to thirty grain doses of chloral hydrate.

Dr. Henry Gibbons, the gentlemanly health officer of San Francisco, sends me the following report:

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During the past fifteen months, thirty-seven deaths have occurred in San Francisco from puerperal diseases.

The record also shows an entire absence of any epidemic or contagious features.

He also reports a case of a woman who had given birth to eight children the expulsive efforts of the uterus being unattended with pain, in any of the labors.

He also reports the case of a woman who was the mother of seven children, all of which were born breech first, except one, in which case, Dr. G. being called before the labor set in, and, finding the child lying transversely in the abdomen, succeeded in placing the child in the normal position by external manipulation; five out of the six breech presentations were still-born.

I have seen one fatal case of post partum hemorrhage during the past year; it occurred in the practice of Dr. P. Wheeler, of West Oakland, and was the result of inertia of the uterus.

The hemorrhage was controlled by the introduction of ice into the cavity of the uterus, and firm pressure kept up with one hand in the uterus, and the other over the surface of the abdomen.

Notwithstanding the hemorrhage was controlled, the patient died, apparently from the shock, three hours after the cessation of the bleeding.

I will take occasion here to state that the favorable opinion that I expressed in an article published in the transactions of this Society for 1874, have been still further verified in relation to the value of the sponge tent used for the prevention of hemorrhage in unavoidable abortion.

I append a report of three cases of craniotomy, not for the purpose of introducing anything new; but for the purpose of expressing my opinion of the value of the method employed, a method first brought forward I believe by the late Sir J. Y. Simpson, and which he called cranioclasm.

Case 1.—Jane T., aged 37; native of Ireland; married three years; was taken in labor with her first child, May 31st, 1871, at noon.

Dr. J. C. Van Wyck was her medical attendant, and upon examination found the os somewhat rigid, and the brim of the pelvis somewhat contracted antero-posteriorly.

The labor progressing slowly, and the following morning I was called to see the case in consultation.

I found the os uteri fully dilated, and upon introducing my hand

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into the vagina, and up to the brim of the pelvis, the condition was found as follows: the promontory of the sacrum projected so far into the pelvis inlet as to leave the antero-posterior measurement, according to my estimate only 2½ inches; the head of the child was somewhat impacted and was flattened out to a considerable degree by the powerful action of the uterus in the efforts at expulsion.

Upon consultation, it was deemed best to perform craniotomy and Dr. Van Wyck, by means of Thomas perforator, the crochet, and the craniotomy forceps, succeeded after an hour's hard work in delivering the woman.

The patient was rendered insensible to pain by the use of chloroform and the effect afterwards kept up by ether.

She rallied quite well from the operation, and ultimately made a perfect recovery, although she suffered much from a large pelvic abscess which keep her in bed for over two months.

Case 2.—Honorah D., aged 30; native of Ireland; married 5 years; has given birth to three children, one born at eight months, living, two born at full term, dead.

I was called on the evening of April 25th, 1873, to see the above patient, and found her suffering severe labor pains. She was in charge of a German midwife, who assured her that if she would bear down, she would soon be through with her labor. The woman had been in labor about twelve hours, and according to her calculations was at her full term.

Upon examination, I found the head presenting, and a good deal flattened, the promontory of the sacrum projecting in a marked degree, and rendering the passage of the head impossible without lessening its size. Dr. Bradway saw the case with me, and we decided upon craniotomy as the only resource.

After evacuating the bladder and bowels, I placed the woman upon her back with the hips near the edge of the bed, and proceeded to perforate the head with Thomas' perforator. I then broke up the brain substance freely, with the perforator, and removed a considerable portion with my fingers. I then applied the large craniotomy forceps, one blade being introduced within the opening in the head, and the other outside the scalp, and by slowly but firmly twisting the bones, succeeded in the course of a few moments in so breaking up and dislocating the bones which form the arch of the cranium as to leave the upper portion of the head in a jelly-like mass.

I then, seizing the occipital bone, made traction and had no difficulty in effecting the delivery.

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The operation lasted half an hour. As chloroform was seriously objected to, none was given, the patient remaining submissive and quiet. I estimated the antero-posterior measurement at 2½ inches. The patient was small and slight built.

She made a perfect and rapid recovery, and called upon me at my office in less than three weeks after the delivery.

Case 3.—Mary Ann G., aged 37; native of Ireland; married 6 years; has given birth to two children, both still-born, and delivered with forceps.

Was called to attend her on the night of May 7th, 1875, at 9 P. M.

She had been attended during the afternoon by two physcians who had made repeated efforts to deliver her with forceps, but had failed, the patient stating to me that the instruments constantly slipped off, causing her great pain. The attending physicians suggested craniotomy, but the Catholic priest would not consent to the procedure, as being contrary to the rules of their church; thereupon the medical attendants left the house.

Upon examination, I found the soft parts much swollen and inflamed by the repeated use of forceps; the head presented normally, but the conjugate diameter was much lessened, as in the last case, the antero-posterior diameter not exceeding 2¼ inches.

After consultation with Dr. J. C. Van Wyck, it was decided that but one resource held out hope, and that was lessening the size of the child's head, one thing being certain, whatever was done, must be done at once, as the woman's pulse was rapid and feeble. She already had lost a large quantity of blood, and had an extremely anxious expression upon her face.

Assisted by Dr. Van Wyck, chloroform was administered, and craniotomy performed in the same manner as the last case, but attended with more difficulty, owing to a greater amount of deformity; even after the head was delivered, it required the use of a great deal of force to get the shoulders through the upper strait. The operation occupied one hour. The patient rallied well under the influence of morphia and whisky, and has made a slow but sure recovery.

In reporting the cases of craniotomy, a few points are to be noticed.

First, that in the last two cases, where the women had previously given birth to children with the aid of forceps, each succeeding labor was attended with more and more difficulty, showing that there was an advancing pelvic contraction.

Second, that after the head has been perforated by the Thomas perforater, that no more efficient instrument could be desired than a pair

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of heavy jawed craniotomy forceps, for with these the whole cranial vault can be broken up and rendered as compressible as a bag of jelly, by introducing one blade into the cavity of the skull and apply the other upon the outside of the scalp, the whole cranium can be broken up, by gradually changing the position of the forceps from one portion of the head to another.

The soft parts of the mother are usually protected from the fragments of bone, by the scalp, which is left intact, except at the point of perforation.

I have found the most advantageous point to seize for the purpose of making extraction, is the occipital bone, for by this means the chin is thrown down upon the chest and the least possible resistance is met with in extraction.

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MEDICAL EDUCATION.

BY JOS. F. MONTGOMERY, M. D., SACRAMENTO.

At the fifth annual meeting of the Medical Society of the State of California, since its reorganization, convened in the city of Sacramento, April 21, 1875, the Committee on Medical Education, appointed for the ensuing year, was composed of the following members, viz: Jos. F. MONTGOMERY, Sacramento, Chairman; F. W. HATCH, Sr., M. D., Sacramento; H. H. TOLAND, M. D., San Francisco; T. H. PINKERTON, M. D., Oakland; ASA CLARK, M. D., Stockton.

The four last named gentlemen were all written to by the Chairman, and requested to contribute to the preparation of the Annual Report, but none of them responded.

The duty has therefore devolved upon him to undertake the work unaided, and as the result of his labors he begs leave respectfully to offer the following report:

So much has been written and published from time to time within the last thirty years, on the subject of medical education, and so many able and exhaustive reports on the same interesting and important theme have been prepared and presented by committees of State Medical Societies and of the American Medical Association, and which appeared in their respective Transactions, that it would be out of place, now, to offer to this Society a detailed account of the discussions and controversies that have been indulged in; of the changes that have been made in the character and the curriculum of the medical schools, whether for good or ill, here or elsewhere, or to present a very full comparison of the systems of instruction generally prevailing in such institutions in this country and with other civilized nations.

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But we must not be indifferent observers of the conflict long pending and still existing on a subject that affects us so vitally as a profession, and in which the well-being of the public is so profoundly involved. It is a conflict, in a great measure, between truth and error, between generous, enlightened philanthrophy and sordid, sharp-witted selfishness. Or, at best, the result must determine whether we shall have learned, accomplished, skillful physicians, who would command public confidence and respect, and satisfy the demand for medical council and assistance; or whether we shall have imposed upon us ignorant, unrefined and blundering practitioners, who would disgust their patrons, destroy the confidence of such in the regular profession, and drive them, as is now being the case in many instances and apparently in a steadily increasing degree, to the artful, specious disciple of Hahnemann, or to the follower of some other pretended new system of the healing art.

Although it is discouraging that so little comparatively has been accomplished in this country by the labors expended in behalf of the general reformation and improvement of the profession, and the elevation of the standard of medical education, it will never do to give up in despair, and to surrender the field to those who dishonor their calling by entertaining low views in relation to professional learning and ethics, and who are, many of them, really inclined to virtual empiricism or arrant charlatanry. Rather should the true and courageous advocates of a great cause become the more determined and resolute in the face of disapointment and difficulty, and be inspired to redouble their efforts in such behalf. To be incited to this course, and to realize the need of it, let them but remember that not only the dignity and future usefulness of a noble profession depend upon their continued and stronger exertions, but also the health and, more or less, the very life of individuals, of communities, and of nations; for our mission is to conserve, to the extent of our ability, the health, the life and the general well-being of the entire human race. An antagonism unfortunately exists here between individual physicians, between the medical schools, and between the members of the medical societies and associations, on this vital subject of medical education, and we should all promptly and boldly take sides in a contest so urgent and momentous. The issue is well made up—one side, as you are aware, favoring a decided elevation of the standard of education, both preparatory or literary and professional, urging considerable addition to the former or existing curriculum of studies, and insisting upon thoroughness in teaching and

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and learning in every department; whiie the other opposes the exaction of any preliminary education or examination, and favors generally a low standard of professional requirements for the doctorate, at a small cost to the student. We unhesitatingly and decidedly take our stand with the first, that favoring progression and the successive elevation of the standard of education until it shall have attained the highest degree of comprehensiveness and thoroughness that may seem at all desirable or really of any practical utility.

The greatest difficulty the profession has had to contend with, and which still confronts it, and the most formidable hindrance to its intellectual and moral worth, and to the steady advancement of scientific learning in its schools and among its members, has arisen from the establishment of an inferior order of medical colleges by unworthy or misguided men, who are and have been willing, apparently, to prostitute and degrade their calling for gain, by offering cheap but poor instruction, and granting diplomas to large numbers of persons devoid of the mental or educational qualifications to fit them for the delicate and responsible duties devolving upon the medical practitioner, to the sore reproach and detriment of the entire fraternity.

To cure this crying evil, and to purify and elevate the profession, the American Medical Association was instituted in 1847. The purpose of those who conceived and carried into effect that grand enterprise was eminently pure and noble; and for their wise foresight in projecting and their judicious action in organizing that potent and beneficent instrumentality, which has proved by its sound instruction and its admirable ethical laws such a blessing and rallying point to all true-minded members of the profession everywhere, they should ever be esteemed and honored, and their names be rendered illustrious in the annals of medicine.

The Association has, indeed, accomplished much, by bringing the profession together from every quarter of the country; by inspiring among them a spirit of emulation; by encouraging habits of more careful observation and wider research; by inducing the production of many able and valuable papers on the nature and treatment of the diseases prevailing in different sections of the land, and especially by engendering a true and real *esprit de corps* among its members. It has also achieved much in the line of the chief purpose of its original institution—the elevation of the standard of medical education, through the agency of its numerous exhaustive reports, and its wise and earnest recommendations, favoring that grand aim. We have had this illus-

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trated in the advanced changes made towards that end by many of our best and most distinguished schools; for as the professors of those institutions are generally members of the Association, it is reasonable to infer that their mingling and conferring together at its meetings exerted a happy influence upon all of them, and had much to do with their action in elevating the grade of education within their respective spheres of labor. We should not, however, at the same time, withhold any credit due personally to those gentlemen as individuals, or in their character as members of Faculties, for whatever they may have done in the direction indicated. Here we have a reliable verification of the influence and effect of its moral power.

But in the meantime, the advocates of an imperfect education, recreant members of the profession, have been industriously at work, as heretofore intimated, in establishing poor schools; in attracting to them crowds of comparatively ignorant students through the tempting inducement held out of a short and easy course of instruction for only trifling compensation in return, and then in granting indiscriminately, in exchange for money as in any other traffic, diplomas that confer upon their holders all the rights and privileges appertaining to the vocation of medicine. But for such base and notorious proceedings, so calculated to cast more or less suspicion and distrust upon all bearing the title of physician, added to lesser faults in other directions, our profession should serve as a sure passport to social position and to the respect and confidence of the afflicted, while its votaries would probably be readily accorded, without a resort to chicanery or other unworthy means, ample remuneration for their professional services.

The case or example here presented, though true, is an extreme one; but there are many other establishments of defective character, varying and ranging in degree all the way up from this worst of the brood to the lowest grade of medical school that is recognized by the highest class of our medical universities and colleges, and whose graduates are accepted by the more enlightened and discriminating portion of the public.

The Association has effected much good, as claimed for it, in its noble efforts to promote the cause of thorough education, but many of its ablest and most zealous members are greatly tried and discouraged because it has accomplished no more in that behalf; and they attribute its short-comings in that respect in a great measure to the fact that many of the teachers and graduates of these inferior schools have gained admission into its body, and have there interposed every impediment

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in their power to the success of any scheme or measure having in view a radical change in the existing faulty system of instruction, and any material addition to the curriculum of studies, either academic or professional, designed to be adopted by all, and to be satisfactorily passed through by every candidate as an imperative pre-requisite to his gaining what would then unquestionably be the honorable degree of Doctor of Medicine. Under these circumstances it is clearly the duty of every State Medical Society, and of every local society, to lend a helping hand, to the extent of their ability, in this vital struggle, and to offer every encouragement to their distinguished brothers who are bravely striving for the supremacy of truth, of right, and of science, to subserve the dignity and honor of the profession, and to protect the life, preserve the health, and promote the general well-being of the people at large.

In this important work the Association has been assisted by its better and more prominent members, particularly by its Presidents, including our lamented Logan but, we regret to say, two of its presiding officers, one in 1872 and the other in 1875, both, noticeably, residents of the same State, have thrown the weight of their talents and official position on the side of the obstructionists, to the great damage of the righteous cause that we esteem above all others affecting us. This gross betrayal of a sacred trust should not be meekly tolerated and passively submitted to; but the Association should, in all such cases, express itself in the most decided terms of disapprobation and condemnation, and signally rebuke all, however exalted in station, who may dare to insult the well-understood sentiments of its loyal members, and rebel thus openly against the avowed objects and purposes of its original organization, and the declaration of its principles and policy, oft repeated, enunciated by its chosen committees to whom the special subject of medical education has been confided for consideration and recommendation. We cannot afford to trifle or compromise with error, in whatever guise, where so much is at stake; and no individual guilty of a grave wrong should be exempt from the severest chastisement, or even the direst disgrace if necessary, to subserve the interests of a noble cause or a great people. One of these addresses just alluded to, the one delivered in 1872, was most thoroughly and triumphantly answered in a paper of rare merit, in both diction and argument, and read before this Society in October of that year, by our able and accomplished medico-legal friend, Dr. E. R. Taylor. Of this contribution to the cause of sound and thorough learning we have a right

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to be abundantly proud and for it the author is richly entitled to an unanimous vote of thanks.

A large majority of the honorable members of the profession everywhere, agree, we believe, as to the necessity for reform, and a very high standard of education, coupled with thorough practical training, but the difficulty is to secure perfect harmony of views, earnest co-operation, and cordial concert of action on the part of the Association, the medical societies and the respectable schools of the country. The Association being a national representative body, to which the societies and the schools should in a great measure defer, particularly as all of them may be well represented therein, should be looked to for the initiative and quasi-authoritative step in the important work contemplated, and all others should cheerfully strengthen and sustain it by their earnest words of counsel and encouragement.

It should, therefore, at its approaching session, no longer doubting or hesitating as to its duty, boldly and confidently prepare and promulgate a system of education contemplating or prescribing the highest standard and the most enlarged curriculum that in its judgment may be deemed wise or desirable for the general adoption of the schools, with the unequivocal and emphatic declaration at the same time that no teacher or graduate of any school not accepting or adopting it should be admitted into its sacred and exclusive fold. Let it but do this and we have the abiding conviction that the great mass of the profession would enthusiastically rally to its support, and that the schools, one after another, would fall into line, as would, under like stress or incentive, the intrepid defenders of a holy faith.

Some may regard these propositions and predictions as impracticable and visionary; but if they be so to some extent, it should be remembered that if we would accomplish anything of special note—would achieve any great reformation, or attain any grand and beneficent end, we must prescribe for ourselves exalted aims, and engage in the work laid out with a fervid zeal and an untiring energy. If we aim at little in this important undertaking, or faint by the wayside, we shall accomplish far less than hoped for, and be compelled to plod on under the same unsatisfactory and vexatious condition of things we have been so much deploring.

To awaken general interest with the profession and to concentrate effort, the Association should issue an address to all medical schools and State Medical Societies in the Union, as well as to local medical socie-

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ties and prominent members of the fraternity in every State, urging co-operation in the important work, and advising the formation of State Societies where none may at present exist, that such concerted action may be utilized as far as practicable in accomplishing the end aimed at. To this extent the moral influence of the Association would be exerted, and would do good by exciting general interest and inducing the needful co-operation.

But inasmuch as such efforts have thus far been inadequate to effect the improvement intended, the strong arm of the law must be invoked to compel and perpetuate the reform deemed so indispensable. To secure this potent agency, which has operated so happily in European countries having strong governments, it should memorialize the State Legislatures in all the States, entreating all such legislative departments, in the interest of the people, not of the profession, not only not to grant any more charters for medical schools, but to repeal or revoke many already granted, to the end that the special evil in question shall be abated as far as possible. It should also ask for a remodeling of all existing charters, prescribing in the amended form the amount and character of the preliminary education to be exacted to allow admission into the schools, and setting forth, in clear terms, the curriculum of studies to be adopted by them; the number and length of the sessions or semesters into which the entire term shall be divided, and the time to be devoted to each subject and the order and manner in which it shall be dealt with. In short, the entire system of education required to be conformed to, before the honor of the doctorate shall be conferred, should, in all its essential details, be prescribed by law, and suitable and effective penalties be provided and rigidly enforced for any violation of the terms and conditions of such amended charters. Without this action, brought about by the united appeal and zealous co-operation of all true medical men everywhere, whether in Faculties, in Societies, or in the Association, no absolute reform need be hoped for or anticipated. That is the opinion of many able men in our ranks, as we have gathered from their writings; and neither the Association, nor any respectable school or society anywhere, seems to cherish any hope or expectation of realizing any substantial benefit by further reliance upon mere moral suasion, and an appeal to the pride and professional spirit of the profession at large. There are, unfortunately, too many in the ranks, or engaged in teaching, who lack the genuine *espret de corps* so highly prized and sedulously cultivated by the nobler and more honorable members, and who are too selfish, or

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too indifferent to the real wants of the country in this particular, to heed or respond to such appeals. Tufts or clods alone will not avail with these, and solid stones only, dealing hard and stunning blows, can be relied on to bring such incorrigible recusants to their senses.

It is undeniable that we have too many schools of medicine authorized to grant diplomas, and the consequence is that the profession is overcrowded in every portion of the country with notorious incompetents. It is only necessary to state these patent facts to challenge their acceptance as true by all who are even moderately well-informed on the subject, and hence the necessity for the incisive, sweeping remedy demanded.

To know how we stand relatively with our brethren in some of the more enlightened countries of Europe, and to learn our duty to ourselves, it is sufficient to compare the systems of education as existing there and here, and to cite the laws enacted in the two regions, designed to regulate the practice of medicine, and to protect the public and the profession against every species of imposition and injustice.

In France, Austria, Prussia and Italy, where the systems and the curriculum of studies are very similar, the terms of study continue from four to six full years, or ten months in each year, divided into two sessions or semesters of five months each, the curriculum embracing from fifteen to twenty-five different subjects and requiring from twenty to thirty-five full professors, besides assistant professors or other subordinate teachers, numbering, altogether, in some institutions, about one hundred persons. All these medical institutions require a liberal preliminary education, attested by certificates from literary or scientific schools of repute at which the applicants may have been educated, and, in all, the most rigid and exacting rules are enforced, that the prescribed requirements shall be fully and faithfully complied with—no evasion, or shirking, or partial compliance, under any pretext whatever, being allowed or tolerated. They also have schools of pharmacy connected with the regular medical schools, which, under their requirements, must be attended a certain time.

In all their schools clinical and practical teaching, most thorough, in the different departments of medicine, is conducted by able and competent men; and besides the hospitals on an extensive scale, with several divisions for all important classes of disease, and the numerous beds and other superior facilities for a number of distinct classes, the collections, museums, libraries, laboratories, botanical gardens, etc., constitute a remarkable array of material aids And every student is required

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to attend regularly upon hospital instruction and to avail himself of all the other aids enumerated. He is also subjected at stated intervals to the most searching examinations, to test his fidelity and measure his knowledge, that there may be no opportunity for lagging or evading any exaction. And after the final examination and the granting of the diploma by any particular institution, the graduate is still, in some of these countries, subjected to a further State examination before he is allowed to enjoy the full privileges of the profession; and in all a certain service is prescribed in practice prior to such full enjoyment, to insure the experience and practical skill necessary for the safe exercise of his professional duties as a general practitioner.

In all the countries named the most absolute laws are stringently executed to prevent any one from practising in any department of medicine or in pharmacy, without the required credential; and upon any having the temerity to disregard these laws the severest penalties are very surely inflicted.

While in these great and populous countries there are many preparatory medical schools, there are in each only from three to four superior schools competent to confer the degree of doctor of medicine, which alone, in addition to other requirements, secures the privilege of full practice in medicine and surgery.

In Great Britain the number of medical schools recognized by the highest medical authority is from thirty-five to forty. The schools proper are divisible into such as grant degrees, and such as only give certificates of study. To the first, belong the university schools in general; to the latter, hospital schools and most of the independent schools. The second class stand, therefore, in a relation somewhat like that of grammar schools to the degree—conferring institutions. This second class agree in giving instruction in the same essential branches of medicine, and having a winter session and a summer session, which together occupy the entire year, and also in expecting the students to follow the courses of study at least three years.

The courses of instruction in the institutions having power to confer degrees differ from those in the foregoing only in that they extend through a period of four years, and, in general, are given by a class of more eminent men, each confined to one individual branch named in the curriculum of study.

The degrees conferred in Great Britain are those of bachelor of medicine, master of surgery and doctor of medicine. The degree of doctor of medicine is conferred only upon candidates who have obtained the

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degree of bachelor of medicine, have spent since their graduation at least two years in attendance upon a recognized hospital, or in the military or naval medical service, or in medical and surgical practice, and are either possessed of the diploma of bachelor of arts from a recognized university, or have passed a satisfactory examination showing an amount of knowledge entitling them to such diploma. In the entire Kingdom there are only three institutions, as we understand, authorized to confer the degree of bachelor of medicine or doctor of medicine, and in London only one—the University of London. This is a corporation entirely unconnected with teaching, but consisting of a body possessed of legal power to examine all applicants for degrees who have complied with a curriculum prescribed by its ordinances. This plan of having the degree-conferring institution separate from and independent of those that teach is advocated by some as being the only reliable one to guard against the vicious system of granting diplomas to many who are really undeserving of such honor, but who are thus generously dealt with because of the sympathy or interest of their respective teachers or faculties.

An Act of Parliament, passed in 1868, entitled "The Medical Act," and since improved by successive amendments, laid a broad foundation upon which has been built up a very complete and harmonious system of medical education. It requires all practitioners to be registered, or else they cannot recover a charge; that no one shall be registered who is not certificated, licensed or graduated by one of the legally authorized societies or collegiate bodies named in the Act, and on the basis of qualifications already recited; provides a council to supervise all institutions to determine the faithfulness with which they fulfill their offices as educators, examiners and licensers, and to strike them from the authorized list if they fail to comply with the standard. The execution of this law is fully intrusted to this general council of medical education and registration, composed of persons of the highest character and attainments, invested with power to regulate the course of study, the manner of conducting examinations, the conditions of granting the diplomas, and generally with every authority necessary to insure the complete fulfillment or realization of the purposes of the Act.

Such, in outline, are the advanced systems of medical education in Europe.

And we may even go to South America to find models of medical educational institutions that we might profit by patterning after.

There are in Brazil two medical faculties, one being located at the

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capital, both under the same governmental regulations. The course of study in these schools extends through a period of six years, and embraces twenty-one full professors, and twenty-one assistants, all of whom are appointed by the government, after competitive examinations. Admission to medical study in these faculties is only after an examination in the leading branches of a general education, applicants being particularly examined in Latin, French, English, history and geography, rational and moral philosophy, arithmetic, geometry and algebra. The annual and final examinations are rigid, and cover the whole ground of the medical course. The diplomas conferred are those of apothecary, bachelor of medicine, and doctor of medicine; and no person is allowed to practise either pharmacy or medicine without such evidence of scientific preparation. Even foreign graduates of medical schools, with diplomas certified to by the consul accredited from the country where they were issued, and resident in Brazil, must pass an examination by one of the imperial faculties before they are permitted to offer themselves for practice.

And now, when we turn to the United States, what do we find? A few of the medical schools, how many we know not, much to their credit, have already demanded a more liberal preliminary education, have enlarged their range of professional study, and extended the length of their sessions, particularly noticeable among which we may mention the University of Pennsylvania, Harvard University, and the Chicago Medical College. The University of Pennsylvania has very recently resolved that the time of instruction should be extended to three years, the diploma being granted after examination at the end of the third year; that the annual course of instruction should be prolonged, and that such instruction should be graded. It has also united the Medical Faculty and the Hospital Staff, to some extent, and has added four professorships to the Faculty of Medicine, making eleven altogether.

Harvard has ten full professors, besides assistants, and its course of instruction has been so enlarged as to extend over three years, nine months being employed in study each year, and the studies so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order.

"The Chicago Medical College," it seems, "was established in 1859, expressly for the purpose of carrying into effect the system of *graded classes*, longer lecture terms, and a much more extended as well as a much more systematic course of medical study and teaching. The system then adopted, and since carried out, of three courses, consecutive

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or graded, so as to secure one for each year of the student's period of study, with complete hospital facilities in every department, (each Didactic Chair having its corresponding Clinical Chair,) and laboratories for practical chemistry and mineralogy, together with a regular college term of nearly six months, and a supplementary term of three months is in practice actually more complete than that of Harvard," or the University of Pennsylvania.

But very few of our medical schools employ more than from six to eight professors, or teach more than that number of subjects, their course or term extending over only four or five months per annum, with a summer session of three months that students may or may not attend at their option, they not being required to do so as a part of the regular course prescribed for candidates for graduation. Here we allude to the respectable schools, many of which have been in operation many years, and have established a good reputation.

But while we may say thus much for the better class of medical schools, we regret to be compelled to admit that there is a larger number of them claiming to be regular that are glaringly defective in many respects, and whose existence is constantly working extensive and grievous damage to the public interest and reflecting increasing disgrace upon the medical profession. They require no preliminary education; have a small corps of inferior teachers; a meagre curriculum, passed over in four months at most; whose very slight requirements are not rigidly enforced, but where, instead, diplomas are granted almost without conditions, except the payment of a sum to satisfy the necessities of the vendors of these spurious or worthless documents that serve only to mislead or deceive, while they are really entitled to no consideration or respect. And the worst feature in this matter is that schools of this very low grade are multiplying far more rapidly than those of the better class first alluded to.

This is, indeed, a deplorable and mortifying condition of affairs, and the most distinguished and sagacious philanthropists in the country, and the best minds in the profession, including members of the Association, and the more prominent and wiser of the medical teachers, should unite in devising means, or recommending a plan, whereby this great evil may be suddenly checked and finally completely eradicated. Unless successful action in this direction can be promptly had, a degree of demoralization and degradation must ensue in the profession the ultimate calamitous effects of which it would be difficult to foresee or estimate.

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In view of this unsatisfactory attitude of a vital question, it is not only legitimate for anyone taking a proper interest in the subject to express his individual opinions touching the matters involved, but it is his duty so to do, such opinions to be taken and estimated for what they may be worth. We propose to exercise this privilege, but before proceeding to the task, we wish to say that, while presenting the medical schools of this country in very unfavorable contrast in many respects with similar schools in other countries, and lamenting the comparative inferiority of many of them, we are yet gratified that we can point with pride to some of them, and rejoice at the indications of improvement exhibited by many others. We also desire that our allusions to or our attitude towards the medical profession in this country should not be misinterpreted. Our sympathies, as one of its members, being all with it, and our concern for its character and welfare being decided, we have, of course, designed to do it no injustice, but to judge all connected with it fairly. There are within its pale every conceivable grade of worthiness, of qualification and of merit, as with the schools; and the only just rule to apply in estimating its character is to discriminate between the members, to judge each separately, and to accord credit or discredit to one or another in harmony with his real worth. Many of those engaged in active practice in the different sections of the country, particularly in the larger cities, are very able and highly accomplished men, who have shown by their achievements in every department of medicine that they are fully equal as practitioners to their most distinguished brothers in foreign lands. Their success under adverse circumstances is to be attributed to native genius and vigor of intellect, jointly with great industry, and the fact, besides, that many of them have had the enterprise to seek and the means to enable them to enjoy the advantages of the best European schools to which flattering allusion has been made. We have a right to be proud of many of these our countrymen, but we should take special national pride in founding schools of our own fully equal to any to be found abroad.

In this connection it is timely and proper to say that for many of the facts we have stated in reference to these foreign schools we are mainly indebted to the Report on Education, made in 1870, by the United States' Commissioners to the Paris Universal Exhibition, held in 1867.

As the author of this present report, and solely responsible for its views, we are ready to avow ourself as being in favor of a most radical and revolutionary change in the system of medical education prevailing generally in this country, and elsewhere to a limited extent. We would

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abolish the entire system of office instruction by a single practitioner, for, he being absorbed in active practice that really leaves him no time for teaching, the pretended instruction he can impart is neccssarily faulty and inefficient in the highest degree. Under this system a mere office boy, employed in the first instance to perform menial service, and without any adequate education to prepare and fit him for the study of an intricate profession requiring a vast range of knowledge to qualify him for its duties, is often quickly inspired with the thought, and then with the desire of becoming a physician; and after one or two years, or perhaps a few months only, of irregular and imperfect study, he is sent to a medical college; is hurried through a programme of eight or ten lectures a day; and after attending two such sessions is sent forth, armed with a diploma, to assume responsibilities involving life or death, to the imminent peril of the diseased and suffering patient. Or a young man, after acquiring a fair education, enters a physician's office as a student and passes through a course, probably of twelve or eighteen months' duration, of interrupted and irregular study, and then repairs to a medical school, to go through the same round of lectures in continuous succession, one hour each, until from six to nine are listened to from day to day on as many different subjects. To spend such period, in the manner detailed, with a medical practitioner, is worse than waste of time, for he obtains by that course only a confused, incongruous knowledge of a few facts, and is quite unprepared to pass profitably through the the hurried, cramming routine mentioned.

But in lieu of these objectionable plans, it should be imperatively required of every student, as a pre-requisite to matriculation into any medical school, that he shall have received a liberal literary and scientific preliminary education, embracing Latin, Greek to a certain extent, Mathematics, Natural Philosophy, the elements of Chemistry, and Botany, besides a thorough knowledge of the English language—the lack of any previous medical instruction whatever being preferred.

As to the medical schools, they should be of two classes—the preparatory and the degree-conferring. In the preparatory school beginners should be taught for two years or more, and be properly prepared to enter the higher school, where their studies would be continued an additional period of two years, or until they could pass satisfactorily the final rigid examination that should be prescribed for all candidates seeking the degree of doctor of medicine. The entire course of study should extend through at least four years, and each annual term should embrace ten months. A part of this course may be spent in the one

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class of schools and another in the other, as thus far contemplated. It should be competent, however, and probably would be quite advisable, for the higher schools, authorized to grant diplomas, to adopt a regular course or term of four years, divided into four annual sessions of ten months each. In such case they might serve as both the preparatory and graduating school, the students being divided into four classes, one for each year of the full term, as a freshman, a sophomore, a junior and a senior or graduating class, as in literary or scientific institutions. It should be allowable, further, for any student to graduate at the end of three years, provided he could in that time pass creditably through the entire four years' curriculum, and be able to undergo satisfactorily the severe test to which he would be subjected at the final examination for the high degree sought by him, that of doctor of medicine. And where students so preferred they might pass the first two years of their time in the preparatory school, and the last two in the higher school entitled to grant this much coveted honor. In every school the students should be divided into classes, and the studies be so arranged and classified as to present them to the learners in proper consecutive order, thus preventing confusion, and insuring to them at every step of their progress a clear comprehension of the matters taught.

The complete curriculum should embrace all the subjects usually taught in such schools, as well as such cognate subjects as should be mastered by the medical man, to prepare him for his great work. Among these should certainly be included psychological medicine and hygiene.

It is well known that many of the diseases of the mind in their incipient stages, if quickly detected and promptly treated, may be arrested and cured, when, if neglected at that important and critical time, they may become hopelessly incurable. It is a matter of the highest moment, therefore, for medical men to be so informed in that special class of cases as to be able to discover their true character at the time of their earliest invasion.

And as for hygiene, its great practical importance and wide-reaching usefulness are becoming to be very generally conceded and appreciated, and a separate Chair on that subject has recently been established in many of the schools where previously it had been entirely overlooked and neglected. The importance of sanitary science—of preventive medicine—of all the knowledge and means that may be successfully brought into use to detect and remove, "stamp out," the causes of disease, particularly of endemics and epidemics, and thus to preserve

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the health, whether of individuals, of communities, or of nations, are facts so apparent and self-evident to all thinking and enlightened persons that there is no longer any excuse for not insisting upon thorough instruction in these subjects as indispensible to the completion of every physician's education.

Nor should we forget the subject of medical ethics in our rapid glance at the multiplied departments of learning that have been already added, or have been proposed to be added to the curriculum of studies prescribed for the student to pass through before he shall obtain the doctorate, or be allowed to exercise the functions appertaining thereto. This subject should be attached to the Chair of Hygiene, as such association seems more appropriate than any other; for while we are engaged in laying down rules for the preservation of the physical health of the people, we should be careful to state and inculcate laws the observance of which is so indispensable to the moral health, or to the just moral views, of every member of the medical profession, and to wholesome harmony and good feeling among its members generally. We have an excellent code of medical ethics, provided by the Association at the time of its original organization, that if properly understood and observed by physicians in their daily intercourse with the public and with their fellows, would prevent many occasions of heart-burnings and difficulty among them that are both annoying and discreditable to a very high degree. Unfortunately many are either oblivious of the existence of such a code, or knowing better, choose willfully and culpably to disregard its wise and reasonable requirements. This code should be carefully taught to all students, and its beautiful precepts be so impressed upon their minds that they could not forget them, nor fail to observe them in their subsequent professional life. Such faithful teaching, as a regular part of their education, would serve to instill into them the instincts and feelings of gentlemen, while they were being made learned and accomplished physicians. It has ever seemed to us that this subject has been too much neglected, and we have aimed for several years to induce its adoption by the medical schools as a part of their regular curriculum of studies. It is to be hoped that it will no longer be esteemed too lightly, nor be allowed in consequence to be still slighted or neglected, as in the past.

In all these schools anatomy and chemistry, in their several departments, should be especially well taught in the most practical manner, because like favorable opportunities for such instruction would not probably be subsequently enjoyed. And each student should be thor-

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oughly drilled also in the art of physical diagnosis, including the expert use of the different contrivances or implements designed to aid in such investigations, not excepting the microscope, and the skillful use of the instruments employed in general surgical operations, not overlooking the obstetrical forceps, as well as those specially adapted to operations upon the uterus, the rectum, the eye, the ear, the mouth and the throat. In brief, the ability to employ dexterously all the many ingenious contrivances or inventions that have been devised of late years particularly, whether for diagnosis or for some delicate and important practical operation, should be carefully taught to the student at some time before his graduation, that he may be able then to go forth to his work sufficiently prepared to devote himself safely to any department or specialty embraced within the wide range of the physician's studies, or the broad field of his operations. His medical senses, too, should be suitably cultivated and developed, that he may be able to exercise them with much practical benefit. And all should be encouraged to adopt the habit, at the very outset of their practical career, of close and careful observation at the bed-side, and of taking intelligent and faithful notes of the more interesting cases treated by them.

To make it manifest that a liberal preliminary education should be insisted upon, embracing the sciences of mathematics, chemistry and natural philosophy, it is only necessary to remember that the physician's vocation is one of extensive range, concerning the health and the life of the human race, and reaching even to and affecting to a degree the strength and duration of nations. The preliminary study favored is necessary to develop the mind, to train it to think, to reason, to investigate, and to solve many of the most difficult problems that are ever presented to the human understanding for solution. His investigations of diseases and their subtle causes require necessarily a very acute mind, the power of close and searching observation, sound reasoning, and the ability, by virtue of his ample scientific knowledge, to make, with the greatest exactness and accuracy, the most elaborate calculations. The field of his observations and actions is diversified and immense, indeed, and none but men possessed of strong intellect, with a broad and comprehensive education, should dare to enter it. It is but brazen and arrant presumption for any others to do so; and all incompetents should be sternly excluded from the honors and privileges of the profession, however long they may have studied, or earnestly striven to gain admission to the fraternity upon which is imposed such momentous responsibilities and duties.

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And should the standard of education as here suggested be adopted, and if none but men of liberal attainments and genuine merit were allowed to enter the profession, the best and brightest youth of the country would flock to our superior medical schools, and an ample supply of thoroughly educated and highly competent laborers in this important and indispensable sphere of effort would soon be in readiness to meet the demand in every quarter of the land, in the rural districts as well as in the cities and towns. The railroads and other roads of travel, attended with lines of telegraph, are rapidly penetrating every section of the country, and new and inviting fields for occupation are constantly being opened up to the young and enterprising, including the medical adviser. There would be no danger, therefore, that the rural or sparsely settled districts would suffer for medical aid, if the incompetents and irregulars were debarred the privilege of practice, as it is argued by the advocates of the low, lax system would be the case under the rigid action we have urged for the protection of all classes and sections.

The main ideas here advanced by the author, it may be perceived, are a liberal preliminary education; the establishment of preparatory medcal schools for beginners instead of having them rely on private preceptors for any instruction received before entering a regular medical degree—conferring school, or that an equivalent provision be made in such regular school for that class of students; the greater length of time, not less than four years, required to be spent in attendance upon lectures and other modes of instruction; the important and considerable additions to the curriculum of studies; greater attention to clinical instruction, including physical diagnosis; the moro practical teaching of anatomy and chemistry; the thorough drilling of students in the art of handling dexterously the various contrivances and instruments used in practice, and the classification of students and studies, so as to insure the profitable consideration and the clear comprehension of the matters taught.

If these suggestions be adopted and properly carried out, and if the numerous teachers and students but faithfully and diligently perform their respective parts of the work assigned to them, the graduates would emerge from their *alma mater* so thoroughly educated and qualified in every respect that the evils about which so much has been written and spoken would soon vanish, and we would not much longer be troubled with incomplete or irregular practitioners, or with pretended new systems of medicine. Such plan, taken comprehensively, if truly and

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honestly put in operation, would needs, it seems to us, more promptly and effectively overthrow and supersede than would any other expedient the faulty system of education heretofore existing and so strongly condemned, and remove from among us its natural and bitter fruit, the blighting curse of empiricism with which we have so long been afflicted.

JOS. F. MONTGOMERY, M. D.,
Chairman.

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REPORT OF THE COMMITTEE ON MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

BY G. A. SHURTLEFF, M. D., CHAIRMAN.

THE OBSCURE FORMS OF EPILEPSY, AND THE RESPONSIBILITY OF EPILEPTICS.

I propose to present a few observations upon the *Obscure Forms of Epilepsy, and the Responsibility of Epileptics*—a subject which, in its first division at least, concerns the general practitioner no less than the alienist and forensic physician.

I need not remind you that notwithstanding the antiquity of this formidable disease, that though it has been common from time immemorial and was described correctly by Hippocrates and other ancients in its most appalling symptoms, and in modern times has been made the subject of special research by such original and profound investigators as Marshall Hall, and many others, down to our own renowned living cotemporary, Brown-Sequard, yet most important points remain unsettled, and the field is still fresh and inviting to the explorer who seeks the still hidden depths of cerebro-spinal physiology and pathology.

The exact seat and precise pathology of epilepsy are still somewhat matters of theory; but the theories are supported and rendered credible by scientific investigations—investigations which, if they have not satisfactorily settled all points, have nevertheless discovered and removed many errors of the past, among which are the long-accepted

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belief that epilepsy depends on cerebral congestion, and that convulsions are one of its essential characteristics.

Marshall Hall, who is justly said to have been the first to unravel "the perplexed and tangled web" of the reflex functions of the spinal cord, and the whole of the excito-motor physiology of the nervous system; and who, I may add, first opened and lighted the way to a correct comprehension of some of the phenomena of epilepsy, was manifestly erroneous in his explanation of the loss of consciousness and sensibility. He makes a direct or reflex irritation of the centrum vitale, or oblong medulla, the first link in the chain of an attack. This causes the muscles of the neck and glottis to contract, which is the second link. The third is compression of the veins of the neck (sphagiasmus), by the contracted muscles of the neck (trachelismus), and asphyxia, by spasm of the glottis (laryngismus). In the fourth series, unconsciousness, insensibility, and general convulsions break out as the result of venous hyperæmia of the brain and of asphyxia. The incomplete attacks (*le petit mal*) proceed principally from trachelismus; the complete ones (*le haut mal*) from trachelismus combined with laryngismus. [Kussmaul and Tenner.]

It is much more generally understood now, than when Kussmaul and Tenner summarized this ingenious theory of Marshall Hall to refute it, that "in a majority of cases consciousness and sensibility vanish first, general paralysis of the organs of volition follows, the patients fall down, and then only do general convulsions commence, accompanied by spasms of the muscles of the neck and stoppage of the respiration. The cerebrum is accordingly already placed out of the sphere of action before the motor nerve centres begin to be excited. The undeveloped forms, where consciousness and sensibility only are disturbed, without any spasm of the muscles of the neck and with no straitening of the glottis, and their insensible transition to developed and general convulsions, prove likewise that the theory of trachelismus and laryngismus is by no means of general validity." I need not however rest upon the authority of these and other celebrated authors to show how groundless and fallacious is Marshall Hall's theory of unconsciousness in epileptic attacks. I have witnessed, myself, innumerable instances of prolonged epileptic attacks in which the unconsciousness was complete and no spasm, no sphagiasmus, trachelismus or laryngismus, and no convulsions of the muscles whatever, existed. The convulsions I regard indeed, though very common, as only an incidental phenomenon. And I must protest against the correctness of the use of the terms

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"undeveloped forms" and "incomplete attacks," to describe those epileptic seizures, often chronic and habitual, which, avoiding the oblong medulla, and hence unattended with general muscular spasms, expend their whole force upon the more important nervous centres of the cerebral hemispheres, and are more direful in their results than the convulsive variety.

That the medulla oblongata is the point from which emanate general convulsive movements seems to be well established. Van der Kolk, deducing his conclusions from Pfluger's numerous observations says, "if reflex action arises from a stimulus in the brain or cerebral nerves, the reflex movements, in their further progress, extend to the nerves situated inferiorly, and thus to the medulla oblongata; that, on the contrary, if reflex action arises from a spinal nerve, it extends in its further progress from below upwards towards the medulla oblongata, and not *vice versa;* but that if the affection reaches the medulla oblongata the reflex movements may again extend in an inverse order to the lower parts, or pass into general convulsions; that lastly, if a reflex movement arises in motor nerves, which are very remote from the insertion of the sensitive nerve primarily affected, these remote motor nerves are always such as arise from the medulla oblongata. Hence it appears that the medulla oblongata is the principal centre, whence the more general reflex movements and convulsions take their origin." The experiments of Brown-Sequard, though his own conclusions therefore do not exempt any part of the cerebro-spinal axis from being the seat of general epileptic convulsions, do not necessarily militate against those views of Van der Kolk.

But all-important as the oblong medulla is as the nodus of general convulsions, it after all plays but a secondary part in the epileptic seizure. It is not the special seat of the epileptic neurosis, nor the starting point of the attack. It is itself acted upon, and general convulsions are thus produced, but it is not always sufficiently involved in the attack to excite convulsive movements of the body. Then the epileptic seizure is confined to the brain where the whole force is expended. There is then morbid excitement of the supreme nerve centres, manifested chiefly by disordered mental phenomena. These attacks are frequently as fully developed and complete as when the patient falls down in convulsions; but they, of course, are not always so readily recognized or so easily understood.

It is of these OBSCURE FORMS of epilepsy only I propose specially

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to speak, and to illustrate the same by a few chemical observations of my own.

Passing then that painfully familiar form of the malady termed by the French *grand mal*, or convulsive epilepsy, I divide these obscure forms, merely for present convenience, into three varieties, viz:

First, nocturnal epilepsy, which is not distinguished by the character of the fits so much as from the curious circumstance of their occurrence in the night, after the subject goes to bed.

Second, epileptic attacks in which the unconsciousness is preceded by vertigo and not accompanied with convulsions, the *petit mal* of the French.

Third, masked epilepsy, or the *epilepsie larvèe* of Talset and Morel.

The first, or nocturnal variety, has been described with great precision and clearness in my own hearing by the accomplished specialist and author, Dr. M. G. Echeverria:. "It seizes the patient during his ordinary sleep. Such attacks, though of long-standing, may often remain unsuspected by the patient, and not unfrequently do they also escape the notice of the physician. They ordinarily occur without inducing great agitation or muscular contraction, revealing their presence in a majority of instances, chiefly by the stertorous breathing, or the initial piercing cry sometimes uttered by the patient, who continues profoundly asleep after the paroxysm, and wholly unconscious of his condition. The effects of these attacks are manifest in the morning, when the patient wakes up with a headache. confusion of ideas, dull eyes, pupils enlarged but not always equally dilated, and, in some cases, with petechiæ, or minute ecchymoses on the eye, forehead, face, or neck. In other instances the eyes are suffused and the face bloated, with the characteristic expression peculiar to epilepsy."

On the morning, and for some time after one of these night-attacks the mind is disturbed, varying in degree with each case. The effect is similar to, and even graver than, that produced by *grand mal*. The subject may lose position and employment for incapacities, the cause of which he does not comprehend, and for short-comings which he cannot help. Worse still, he may become suddenly vicious, crave strong drink, be morose, captious, egotistic, and disposed to theft and criminal violence. Where these vices and irregularities exist, especially in young persons, the greatest care and all necessary knowledge should be employed to ascertain if the subject or culprit be not the unconscious victim of nocturnal epilepsy. He will have but little sympathy beyond the small circle of intelligent physicians who may be consulted; for no

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one has witnessed an attack of his malady, if it exist. We should ascertain if he is said to have his sleep disturbed by nightmare; for the ignorant or inexperienced may take an epileptic seizure, during sleep, as nothing more. I have now an epileptic in my care who insists that he does not have fits—only nightmare; and conversely, Galen regarded incubus as a kind of epilepsy. It is well also to carefully examine the tongue and lips, to see if scars have been caused by bites during the spasm; and also to learn if the patient wets or soils his bed.

It may appear inexplicable why these attacks should occur so uniformly in the night, after the patient becomes quiet in bed.

This is not, however, altogether devoid of solution. They generally take place as the subject is falling into sleep. and after volition and consciousness have been suspended thereby. One of the physiological processes which induces sleep is the same as that which, becoming excessive or morbid, causes an epileptic seizure. In the process of going to sleep the force of the cerebral circulation is gradually diminished, through the action of the vaso-motor nerves. If the nerves act upon cerebral arteries to such a degree as to suddenly shut off the necessary supply of arterial blood from the brain, the sleep is supplemented by an epileptic attack which continues until the circulation is restored and regulated, when it passes off and profound sleep is continued, the patient all the while being unconscious, and, on awaking, not knowing that any thing other than sleep has occurred to him.

The irregular or spasmodic action may be initiated by some accidental, or exciting cause other than the approach of sleep, after which the vaso-motor nerves obtain a *habit* of acting in this abnormal manner at this particular time, and under the somnolent influence.

In the vertiginous variety of epilepsy, or *petit mal*, there is simply a slight vertigo, accompanied with a feeling of sickness, or of anxiety and insecurity, which is followed almost immediately by a varying period of unconsciousness. The seizure, passing off without convulsions, is frequently so brief and light as to not attract any notice from those present. The patient does not fall, but, if standing. may sit down, or take hold of something to steady himself as the vertigo seizes him, the nature of which he sometimes comes to understand, and from which he takes warning, as is often done from the aura in *grand mal.*

I have met with some who seem to regard these comparatively slight physical manifestations simply as the prodromus of the convulsive variety of epilepsy, or as a light form of the malady. Such a view is at first consoling to friends; but it is sure to result only in "hope de-

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ferred," and ultimate despair They are less serious than the fits of *grand mal* only in this: the patient is not in constant danger of injury from falling, and is saved the mortification of being the subject of occasional disagreeable and alarming scenes in public places.

In the third variety of the obscure forms of epilepsy, the real character of the disease is sometimes so thoroughly concealed as to render the diagnosis difficult and for a time doubtful. Hence Falret and Morel gave the name of *epilepsie larvee* to this form of the malady, from which we have the anglicised terms of masked epilepsy or larvated epilepsy. Dr. Echeverria approves of the use of the term *cerebral epilepsy* for this variety, as employed by Dr. P. Leblois, an assistant of Morel. The term seems most appropriate as indicating the display of the morbid phenomena upon the cerebrum solely, without in any way involving the excito-motor system, but it must not be confounded with the cerebral epilepsy of the older authors, who used the terms cerebral epilepsy and spinal epilepsy, the former to indicate the idiopathic and the latter the sympathetic character of the disease, and each referring to the common convulsive form, or *grand mal.* Again, Esquirol speaks of this form of epilepsy as a transformation of epilepsy to mania; and Griesinger as a "transition of the motary convulsive forms to the more profound derangements of the psychical functions."

Distinguish it by whatever name we may, it is certain that the morbid nervous force discharges itself from or upon the cerebral nerve centres alone instead of the ganglia of the medulla oblongata, and hence we have disordered and spasmodic cerebration instead of convulsions of the motor nerves.

There is no difference between the larvated epilepsy of Falret and Morel and that variety of the malady in which the seizures are preceded by vertigo, except the vertigo serves to unmask the disease. In some cases of *grand mal* the patient falls without warning and does not know he has had a fit when he recovers from it. So in some cases of *petit mal* there is no sense of vertigo, or warning, as the loss of consciousness precedes the condition which produces vertigo. In these cases then the ordinary epileptic symptoms are completely masked. There are no convulsions, frequently no initial shriek, no recognizable vertigo and no warning or symptom whatever which an inexperienced observer would notice and understand. The essential condition is loss of consciousness, generally but not always complete, and suspension of volition. These privations seize the patient without premonition; and are caused by sudden cerebral anæmia, and accompanied by a flash of pallor over the

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face and a wild, fixed, or staring expression. The attack may last but a moment or continue for several hours. The demonstrative symptoms are mental. The first manifestation may be an act of tragical violence, a causeless attack, vociferous rage, or a harmless confusion of manner and conduct; or, if the subject be engaged in any employment, he may quietly pause, appear lost and confused a few moments, and then resume his occupation, wholly unconscious of the mental eclipse. I have now in my charge a patient who is frequently seized with this form of epilepsy. Sometimes while reading he may be seen to suddenly lose his attention, stare vacantly for a short period, and finally resume his reading, having no recollection of the seizure or knowledge of the mental interruption. Or, as I shall presently show, a person in an attack of cerebral epilepsy, may continue automatically the employment in which he is engaged at the time of the seizure, unconscious all the while.

It is of the utmost importance, no less out of a just and humane consideration for its poor afflicted victims than for the security of society, that we become as familiar as possible with all the symptoms and evidences of these obscure forms of epilepsy, and be able to distinguish them.

In 1871 a young man of good family, of means and fair education was admitted into the asylum. He was of a symmetrical and robust physique, and had a good sized and well shaped head. He was regarded by his father, as nearly as I could judge by conversation with him, as an undutiful son, given to drink, wilfully perverse and unfilial, and altogether inclined to a ruinous course. The commitment described him as subject to sudden fits of passion; becoming angry and excited without any provocation; had rational intervals; had been intemperate; his mother had been slightly insane. The medical examiners stated that the cause of his insanity was unknown. In a little over a month he was discharged, having become sane, or I should say rational. He promised reformation; but I saw plainly by his manner that he had no recollection of acting so badly as had been represented. I informed his father that in my opinion his son was an epileptic, explaining to him this masked form of the disease, suggesting at the same time that he was not fully responsible for his misconduct, and probably did not even remember his acts of violence. The father, being a benevolent man, looked upon the case with all possible charity. But the son had had no physical convulsions; and I could see it was difficult for the parent to comprehend how a person could have epilepsy without fits, and the

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"falling sickness" without falling and spasms. In 1873 the young man called at the city prison in San Francisco, procured paper and wrote what he desired to communicate. He was taken for a mute; said he had "spells," and so forth. He was again committed to the asylum, the cause of his insanity still stated to be unknown. In August, 1874, he was again discharged, but soon committed a third time, with the statement reiterated that the cause of his insanity was unknown. In a few months from this time I had the painful satisfaction of seeing the epilepsy assume the unmistakable form of the convulsive variety, or *grand mal.* Thus for more than three years, except when he was in the asylum, the disease of this sadly afflicted man was so masked as to not be discovered. His occasional mental aberration was really thought to be caused by his vicious habits; when, on the contrary, his habits were but the consequence of intellectual impairment and morbid states of the appetite and passions caused by the epilepsy. It will be remembered that when he was first committed to the asylum it was stated that he had been intemperate. At times the epileptic has a morbid and uncontrollable appetite for alcoholic liquor. When he went to the city prison he could not speak and was taken for a mute. Aphasia is not uncommon after an epileptic seizure. This patient died last June in a fit, his mind giving way rapidly, thus confirming, with many other cases I have witnessed, the statement of Dr. Echeverrhia that "these larvated and nocturnal attacks, and the *petit mal,* disturb the nervous centres, alike in structure and function, more rapidly than the fits of *grand mal.*" So also Dr. Thorne Thorne, in the St. Bartholomew Hospital Reports concludes the history of an interesting case of masked epilepsy by declaring that "masked epilepsy generally implies a more advanced condition of degeneration than that which is necessary for the production of ordinary epilepsy." I repeat these important and well-established opinions because, owing to the absence of the falling and the frightful convulsions, the grave and dangerous character of this obscure and seemingly light form of the disease is very likely to be overlooked or not fully understood.

It will be recollected that I have observed that in masked epilepsy, and in *petit mal,* the *status epilepticus* may last for hours, and that the subject may continue to perform automatically the acts in which his mind was engaged at the time of the seizure. This is a very important consideration in determining the irresponsibility for acts in the commission of which there appears to be evidence of the exercise of premeditation and volition. The nerve centres being already excited and

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engaged in the performance of certain acts, unconscious cerebration contiuues in the same line, after those qualities of the mind which we term consciousness and volition have been suspended by the epileptic seizure. I have now in my care a patient, the history of whose case illustrates this curious phenomenon, in a most striking, interesting, and instructive manner. He is a man thirty-one years of age, of good family and social relations, and of temperate and industrious habits. He has been an epileptic from early childhood, during which time—some twenty-five years—he has had every form of the malady distinctly marked. His occupation, at one time, was driving a horse team with which he did various kinds of job-work, and, in the proper season peddled fruit in the mountain villages. Going into the woods one day for a load of wood, he drove his team up by the side of a wood-pile which he was to load and take to market. After puttng three or four sticks into the wagon he felt the vertigo of *petit mal*, and immediately become unconscious. As consciousness was returning he realized that his horses were starting from their position at the wood-pile, where, it seemed to him, he had just placed them for loading the wagon. On coming fuily to his senses he found himself on a load of wood with reins in hand. Looking towards the wood-pile he was surprised to see that it had disappeared. He had put the whole cord of wood upon his wagon, mounted the load, taken the reins in his hand, and started his team without any knowledge of his acts subsequent to placing the vehicle in position and putting upon it the first three or four sticks when he was smitten with the attack. His intelligence took no cognizance, and hence memory had no registry of these automatic acts, properly performed; and on the return of his consciousness he rationally stopped his horses (not knowing that he had loaded the wood) which he had just automatically started. In going from house to house in peddling fruit he would sometimes find himself distant from the house or place where he supposed himself to be, or of which he had the last recollection. Understanding his habits under the influence of his malady, from a long and sad experience, he would then examine his money, of which he kept a jealous account. If he found that it had increased and that his stock of fruit had correspondingly diminished, he concluded that he had served the customers whom he had passed in a state of unconsciousness, and continued on without any interruption of his business. At one time, on coming out of one of these epileptic seizures, he found that, instead of a quantity of small change, which he had no recollection of parting, he had in his pocket a twenty dollar piece, and an increase

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of one dollar in the sum total of his funds. A friendly acquaintance had asked him to change a twenty dollar piece, telling that if he would do so he would buy a dollar's worth of apples of him. He weighed the apples, selecting sizes, or changing a larger one for a smaller one, or *vice versa*, to make exact weight, and counted out correctly the nineteen dollars in small coin, receiving in return the double-eagle. The acquaintance discovered that he was in one of his fits, with which he was familiar, and playfully, though unsuccessfully, tried to deceive him in the amount of change received from him. He was shortly after found to have no knowledge of the transaction, or how his money became transformed and increased, until he was informed by the friend whom he accommodated.

He also occasionally had fits of *grand mal*, sometimes falling without the least warning, and deprived of consciousness so suddenly that after coming out of the most violent spasms he could not realize that the occurrence took place. This case is the more interesting and satisfactory on this account, as it reveals the true character of the disease beyond the possibility of a doubt.

This unfortunate and naturally estimable man, sharing the general fate of such cases, at length became unsafe to himself and to society, in his unconscious or emotional states, and it became necessary to place him in the Asylum where he now is.

Unlike the foregoing case, the mental eclipse is usually brief; and more dangerous on this account, it is seldom that the mind of the epileptic continues to be employed during the unconscious period, with what occupied it at the moment of the seizure. Cerebration is spasmodic, and all the emotions and ideas are in a tumult. Any act of violence or impropriety is liable to be committed. The so-called *mania transitoria* is generally nothing more nor less than a seizure of larvated epilepsy. In this condition the subject is frequently impelled by what Casper calls "the seduction of circumstances." This was the case with the unconscious epileptic who came up to a man lying asleep in the field. Seeing the exposed head of the sleeper, and at the same time a stone near by of suggestive size, he seized the latter with which he killed the man by beating his brains out, and then, becoming exhausted, lay down and fell asleep by the side of the corpse. The sight of knives, razors and other deadly weapons have led to similar tragical deeds. The taking of things not their own by epileptics most frequently comes from an impulse provoked by seeing the articles. The act is of the nature of a reflex movement; the special senses

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excite in a certain direction, the cerebral nerve centres, and an act is performed; but consciousness and volition being in suspense the act is involuntary. The brain in this state performs a part no higher than that which physiology has assigned to the ganglia of the oblong medulla and spinal cord.

In regard to the legal responsibility of epileptics there will be no disputing their exemption therefrom with reference to acts committed while in the fit, or unconscious state, But, as will be seen by remarks already made and cases presented, it will sometimes require the most intelligent and careful investigation and the wisest discrimination to determine even this question. No epileptic should ever have a verdict of guilty rendered against him, on a charge for a criminal offence, until the medical witness has had the time and opportunity to satisfactorily make up and positively give opinion that the accused was not in an epileptic seizure when the offense was committed. It would be scarcely more unsafe to commit the general administration of justice to the population than to leave these subtle and intricate questions of mental condition to the judgment and decision of the common juror. The jury unfortunately is compelled to decide between conflicting expert testimony. In doing this it should carefully weigh its value, which it can estimate only by the repute of its authors. At one of the meetings of the Association of Medical Superintendents of American Institutions for the Insane, Dr. Gray, of the Utica Asylum, New York, related the following case:

A man was being tried for the murder of his wife. The plea of insanity was put in, but the counsel having given their entire attention to the fact of insanity, and little or none to the question of epilepsy, the evidence presented did not warrant the experts in considering the case one of insanity or irresponsibility. During the progress of the trial, the prisoner had an epileptic fit in Court. Dr. Gray sat by the side of the prisoner at the time, and addressed a note to the judge that the prisoner was in an epileptical state, and was unconscious of what was going on. The Court immediately adjourned. No witnesses were examined during this epileptic convulsion. The jury found a verdict of guilty, but the Court did not sentence the prisoner. By a subsequent investigation he was committed to the Asylum for the Insane. [Dr. Gray's remarks, Proceedings of the Association, 2870.]

During the trial of a case recently in an English Court, one of the jurors having an epileptic fit, and it being shown the attacks were habitual, the presiding judge held that the juryman was permanently

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disabled, and discharged the jury. [Browne's Med. Jur.]

There are three somewhat distinct conditions of the epileptic in either of which he is irresponsible:

First, during the continuance of the seizure.

Second, for a variable length of time before and after the fits (particularly after), when he does not possess the power to control the excited emotions, and morbid impulses and views resulting therefrom, though he be conscious of his acts.

Third, when the will and the intellect are so weakened by the attacks, as to produce such a degree of imbecility or dementia as to render the subject incapable of predetermining and directing the performance of his acts, and of judging of their quality and consequences.

Some authors have attempted to fix a rule, as to the length of time before and after an epileptic attack during which the sufferer should invariably be held irresponsible. Zacchias, as quoted by Dr. Ray holds that no epileptic should be held responsible for any act committed within three days of a fit, before and after. Such a rule is utterly useless and impracticable, and likely to do mischief in misleading the inexperienced. Some epileptics apparently, at times, return to a normal state of mind in a few hours, and even less, after an appalling attack of *grand mal;* while others are made insane for a week by a masked seizure which passes unrecognized. My observations on the larvated and nocturnal varieties will lead you to conclude correctly, that if it be known that an epileptic has had an attack within three days, it cannot be infallibly determined that he has had no seizure since.

Some of the most eminent forensic physicians hold that all epileptics should be held irresponsible. Dr. Ray in his remarks on this subject before the Association of Medical Superintendents of N. A. Institutions for the Insane, says: "Is there any time when the epileptic can be considered as clearly free from the pathological effects of the disease? Can he ever commit a crime without being entitled to an excuse? At any rate the criminal acts of epileptics should ever be regarded by the expert, with great distrust, and receive the most exhaustive investigation. I think he is bound to accept the single alternative, either that the patient has entirely recovered beyond the reach of epileptic disease, or that he is, in some degree of probability, still suffering from it. He is clearly entitled to the benefit of every doubt." Falret, as represented by a recent English author, Dr. Dickson, says "all epileptics are irresponsible beings." More conservative and in accordance with my own views are the opinions of another equally eminent French specialist,

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M. Baillarger. Says he, "I believe that the duty of a physician, when it concerns him to consider the responsibility of an epileptic, ought to consist often, where insanity does not exist, in making plain and apparent the influence of the disease on the intellectual and moral dispositions of these patients. At times he will have to remark a commencement of weakness of intellect; more often he ought to bring into relief that irritability, those violent passions, that suspicious character of epileptics, the exaggeration of their sentiments, in a word, all those marks which, without constituting insanity, nevertheless places the patient beyond the common rule."

When it is considered that many epileptics very seldom have attacks and that the effect on the mind in some cases is transient and scarcely perceptible, leaving the subject with months and sometimes even years of apparently unimpaired faculties; and particularly as epileptics may deliberately and wilfully become transgressors and criminals from such motives and influences alone as actuate others in the same course, I cannot concur with Falret and some others in the doctrine of their universal exemption from responsibility. There is, it is true, in the mind of every well-informed physician, a degree of suspicion or presumption, when an outrageous or unreasonable act has been committed by an epileptic, that it is the offspring of his disease. But I cannot come to the belief that *all* epileptics are irresponsible *at all times;* especially if I may include among them such illustrious examples of the malady as Julius Cæsar, Mahommed, Rousseau, and Napoleon Bonaparte, who all are said to have had epileptic seizures. The evidence is abundant to show that for ages past epileptic convulsions, or seizures, have not in themselves been popularly considered a permanent disqualification for high official position and the proper discharge of the most important public duties.

The artful Iago says of the noble Moor:

> "My lord hath fallen into an epilepsy;
> This is the second fit; he had one yesterday.
> * * * * * *
> The lethargy must have its quiet course;
> If not he foams at mouth; and by-and-by
> Breaks out to savage madness."

Rejecting then the extreme view that all epileptics are irresponsible beings, it follows that every case in which the mental state is brought in question should be examined independently and decided upon its individual characteristics. Premising a pathological condition of the nervous systems which generally affects the mind, the physician has only

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to seek to discover if those morbid mental states have been produced, or if they existed at a certain stated time.

Epilepsy has its foundation in a peculiar neurosis inwrought by hereditary transmission, or established by a pathological change produced in the nervous structure by injury or disease. The neurosis, once established, is of a permanent character, and may be counted as constantly present until, in some acquired or traumatic varieties, it is wholly removed by remedial means or the secret recuperative processes of nature. The epileptic neurosis of itself does not necessarily constitute mental unsoundness and irresponsibility. But it disposes to them; and, under the influences of exciting causes, is all the while liable to give rise to spasms, disordered cerebration and mental derangement. Those disordered states, or the manifestations we connect directly with an epileptic seizure, unlike the neurosis from which they spring, are paroxysmal and generally of brief duration. Their well-known tendency is, as has already been said, to weaken the intellect and the will, and to disturb and pervert the feelings If they are frequent the common result is permanent mental disease and irresponsibility. If, on the other hand, they occur but unfrequently, there may be correspondingly long periods of undisturbed cerebration, and of mental integrity and responsibility.

Capital punishment should never be inflicted upon an epileptic. In the first place, there is more than ordinary fallibility in determining his mental condition, in many instances. In the second place, the safety and welfare of society do not require the risk of a scene so terrible and revolting as would be presented by the occurrence of an epileptic attack in a culprit upon the scaffold!

In trials for criminal offenses, if it be established that the accused is a confirmed and habitual epileptic, I think it would be safer, and more in accordance with the modern pathology of epilepsy, and a scientific and humane jurisprudence, to presume irresponsibility, and let the *onus probandi* rest upon the prosecution, requiring it to show, in order to justify conviction, that the criminal act was not the offspring of epileptic influences.

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ON THE TREATMENT OF FEVER BY COLD.

BY H. A. DUBOIS, M. D., OF SAN RAFAEL.

The tendency of modern medicine seems to be towards a willful use of the most simple remedies for the cure of disease. Elaborate prescriptions are going out of use, and we are content with those that contain one or two active ingredients. With the lessening of medication, greater attention has been paid to the natural course of uncomplicated disease, and to all those external agencies which influence both health and disease. Amongst the chief of these, are air and water. We have learned something of their use, and of the control that they have over diseased actions, but still we are only on the threshhold of a full knowledge of their properties. Heat and cold are becoming more familiar to us; the therapeutic use of electricity is yet in its infancy, while the study of motion in its application to the cure of disease is hardly entered upon. It requires no prophet to foretell that the use of drugs will become more and more limited, and that they will be prescribed with greater certainty as our knowledge of various physical agencies increase. In times past much research was wasted on the causes of disease when as yet there was not a sufficient body of facts collected to justify generalization. Then, too, treatment was often adopted on such incomplete aud faulty theories, which often led to the most disastrous results. Now we devote more time to the symptoms and immediate causes, and are exceedingly careful in carrying out a treatment based on ideas as to the ultimate cause of disease, unless experience gives proof of its usefulness. Amongst the symptoms common to a large class of diseases is an increase of heat, and we are no longer content to estimate

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this by the *tactus eruditus*, but resort to the thermometer. It is but a few years since this instrument has been so perfected as to make it generally useful at the bedside. It is now a new sense which the physician carries in his pocket, ready to give him the most accurate information. By its use he frequently discovers fever where without it the hand would indicate an undue absence of heat. It enables him to watch a case with intelligence and gives him a power of fore-telling, which before he did not possess. Since the thermometer has come into use more general attention has been paid to fever as a symptom, and various plans have been resorted to for reducing the heat of the body in disease. Our knowledge of the laws governing fever have been enlarged, and we have discovered *that fever is often the direct cause of death through heart exhaustion, and that a patient with a high general temperature can be exposed to cold without danger*, he will not take cold so long as his temperature is much above that of health. To Hahnemann we owe a debt of gratitude for the effect that his fanciful doctrines have had in proving that disease is often self-limited, and that recovery will take place without internal medication. It is useless to deny that the diminution in the quantity of medicine used now, as compared with that used in his day is due partly at least to the influence of his doctrines. We have also to thank him for calling attention to the study of symptoms. To Priesznitz, who introduced the use of water as a sole means of cure, we are also under obligations for the effect that his ideas have had upon the general public, as well as upon the profession. With these few introductory remarks we will take up the immediate subject of this paper, viz: the treatment of fever by cold. It is only within a few years, indeed, since we have had a useful clinical thermometer that the use of cold bathing in fevers has been based on correct principles, and taken from the hands of the empiric to increase the resources of the physician. Before it was recommended by Niemeyer and others in certain diseases, but as we had no means of watching the effect with accuracy, and as in certain cases it resulted disastrously, it never gained the general confidence of the profession. No sooner had an instrument by which we could estimate accurately the heat of the body been made than experiments began to be tried, and now its use is almost general by the younger school of physicians in Germany, and is spreading rapidly through the rest of the world. In Ziemssen's Cyclopædia, now being translated from the German, will be found a number of articles illus-

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trating the use of cold bathing in reducing the temperature in disease; particularly on its use in typhoid fever, by Liebermeister. The treatment consists in watching the temperature of the body by the thermometer and as often as it rises above F. 102°, in placing the patient, after the administration of a small quantity of stimulus, in a bath, ten or more degrees below the normal temperature, and in applying still colder water to the head, and in retaining him there until the temperature has come down nearly, or quite, to that of health. In practice, it is found that these baths take from ten minutes to three-quarters of an hour and that they require to be repeated eight, ten or more times in the twenty-four hours. That a nervous shock is produced at first, in some cases amounting to a decided chill, and that there is danger from this cause to the heart, without its action has been stimulated previously. After a bath the heat of the body slowly increases until the the temperature has again reached the point attained before (102°), when it has again by the same means to be reduced, and as the case progresses, with perhaps a daily large dose of quinine.

Now to mention nothing of the wear and tear of the body from the frequent movements in bathing, of the difficulties in commanding the necessary assistance in a large proportion of the cases in private practice in removing the patient to the bath, and back again to the bed; it seems unphilosophical to bring the temperature suddenly down, only to let it rise again, if there are any means by which it may be more gradually lowered and kept down, near to that of health. Cold sponging, the wet sheet, a draught of cold air, have been used after the temperature has once been reduced.

Is there no way by which the body can be cooled and kept cool, except by placing it in a tub of cold water? Any one who has traveled on the plains will remember how soon all animal heat can be abstracted by a wind, the temperature of which is comparatively high, but in swift motion. Air, then, in motion, ten to twelve degrees cooler than the body in health seems one of the most natural methods of taking away the excess of heat in disease. It appears to me that water in motion might also be employed with good results, especially locally. In reducing the unnatural heat of disease the chief danger from the employment of cold is nervous shock. No one can doubt that this excess of heat could be more safely removed by swift-running water at the temperature of the body in health than by still water at a temperature from 20° to 30° below it.

The same holds good in regard to air. The great danger of the treat-

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ment, as we have said, consists in its immediate effect on the action of the heart, and we propose MOTION in the fluid at a little below the normal temperature of the body to overcome this objection.

The difficulty in the employment of cold bathing is chiefly confined to its use in private practice, and the same is true of the methods of removing the heat of the body by moving air or water. Thus far we have tried to prove that there is no necessity of a primary shock in lowering the temperature in disease, as it is impossible to employ a fluid only a few degrees below that of the patient in health, and if it be in motion we shall yet as certainly remove the surplus heat as if the body was bathed in water of a much lower temperature. We shall try now to show by what means it may be made available in the hospital and sick room. There seems to us little doubt but that in the not far distant future, fever wards in hospitals will be so constructed that air of a suitable temperature will be admitted with a definite degree of force, which can be so regulated as to carry off any desired amount of heat from the body. It certainly seems reasonable to apply the cold to the inside as well as to the surface of the body and this air will do, as it enters the lungs, and with cold drinks which will have a similar effect on the stomach, the temperature of the inside of the body can be gradually and safely lowered. Water we believe will also be used in motion, but to make use of either moving air or water in private practice presents many difficulties. In most cases we believe the simpler plan will be to cool and give motion to air by running water, and for this purpose we may use a variety of apparatus according to the amount of the heat we desire to abstract. Should this amount to little, we may simply place the patient on a mattrass of woven wire, or on one of steel springs lightly covered. If we desire to remove heat more rapidly, we may place under the first, or between the springs of the last, one or more tubes in which water a little lower than the normal temperature of the body circulates. Any person of ordinary ingenuity can easily direct the construction of a suitable apparatus. A garden hose run up and down a few times might answer in an emergency. If water is laid on, as it is now in almost all towns of any size, a connection can easily be made by a small rubber tube, and the waste water can as easily be gotten rid of by passing a similar tube through a window. In the country it may be necessary to have a barrel of water outside of the room, to which a tube can be connected. A thin French rubber tube three eighths of an inch in diameter, is amply long enough, and will be found far more portable, though a little more expensive than the

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American hose. The tubes under the bed can easily be made of galvanized iron costing only ten to twelve cents a foot, and connections can easily be made by corking the ends and passing glass or metal tubes through, on which the small rubber tubing can be slipped; or a tinner in a few hours could make a set of tin tubes connected together at either end. The ordinary stop-cock used with basins where water is laid on, will answer to regulate the rapidity of the current. The principle being understood of causing water at or near the temperature of health, to circulate below a metal mattress only lightly covered, it is easy to devise the necessary contrivance to carry it out in any individual case. Should it be desirable to diminish the heat of a part as the lungs, bowels, etc, we may use besides the *Running Water Bed, the Running Water Quilt*, which is nothing more than fifteen or twenty feet of thin rubber tubing three eighths of an inch in diameter, quilted with a little wool or hair, between two pieces of muslin. It can be made to fit any part, and of any size—one eighteen inches wide by two feet long, and of an oval shape, will generally be found the most convenient. The same quilt if made to fit the head will answer instead of the *Running Water Pillow* to be described hereafter. Of course this quilt can be kept in any shape by wires, or supported by a cradle. With these three, it is believed that heat can be slowly and surely abstracted from the body, and all that a country practitioner would require, would be a dozen yards or so of light three eighth inch tubing; everything else he could have made on the spot, though doubtless a few connections and a small stop-cock or two, would be found convenient.

We propose to describe a Running Water Bed, the same in principle as those mentioned above, but which it is thought will be found more portable and convenient. A wire woven mattress is fitted on a three quarter camp bedstead, and underneath it at the distance of a few inches, is hung a shallow tank of wood, metal or rubber, and the bottom is interrupted in such a way that the water will be forced to zig zag down from the head to the foot of the bed. This tank is covered by two thin closely fitting covers pierced with springs, so that when one is moved on the other, the holes can be closed to any desired extent. Water is let in at the head and carried off from tne foot.

If the tank is made of rubber it can readily be folded up. The bedstead is made to take apart, and the wire mattrass rolls up, so that everything can be made into a bundle six or eight inches in diameter by three or four feet in length.

The best covering to the wire mattrass it is believed, will be found to

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be felt, pierced with holes—although a very thin hair or wool mattrass may be used. I have not mentioned the ordinary water bed of rubber, as it is expensive, difficult of movement, and easily worn out. The Running Water Pillow is a small rubber pillow, through which the water is forced to zig zag by partial partitions.

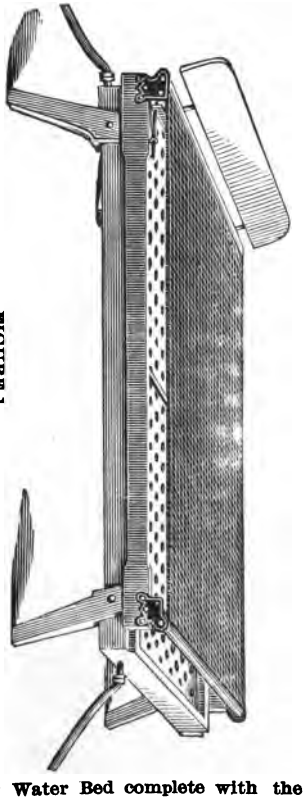

FIGURE 1.

Represents the Running Water Bed complete with the exception of felt pierced with holes, and which takes the place of the mattrass. The woven wire can be put on the stretch by means of a key near the head of the bed. Below is seen the double perforated cover, the upper section of which slides upon the lower lengthwise, so that the openings can be partly or completely closed. The head board takes off, and the feet fold up, so that the bed is portable.

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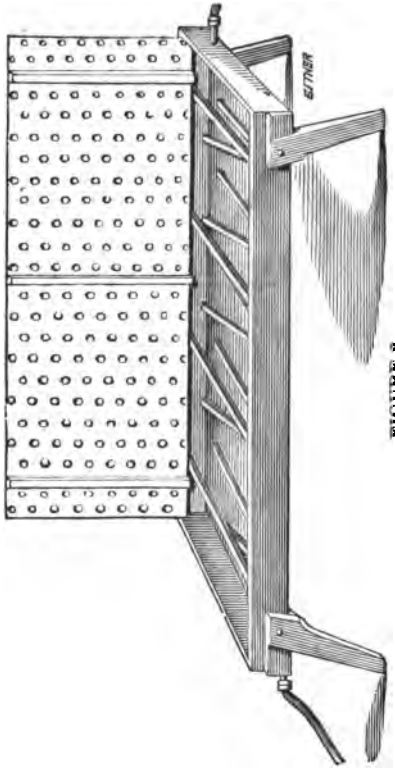

FIGURE 2.

Represents the double perforated cover lifted up so as to show the running water tank. Above this is seen four cross pieces for the cover to rest on, and about two inches high, The water is let on at the upper end of the bed and passes in a zigzag course to the lower end and is carried away by the waste pipe.

In conclusion I submit the method of reducing the heat of the body gradually, instead of suddenly, and by moving fluid instead of by a still one, to your consideration, and would ask for it a trial. If the principle is correct, doubtless other and more convenient apparatus can be contrived than those mentioned above.

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ASTIGMATISM,

WITH A DEMONSTRATION OF SOME OF ITS MOST MARKED PECULIARITIES.

BY A. M. WILDER, M. D., SAN FRANCISCO.

In presenting before you this evening the subject of Astigmatism, it is not my purpose to enter upon an elaborate investigation of the matter, so far as our present knowledge extends, but rather to demonstrate its more marked characteristics, in such a manner as to give you a clear and defined idea of its nature, and assist in its recognition.

This defect is by no means uncommon, but it is often confounded with other anomalies of refraction, more especially myopia, or near-sightedness; in fact, many cases of myopia have been induced by the use of concave glasses when the original difficulty was that of simple astigmatism.

Astigmatism was recognized as an optical defect as far back as 1801, by Young, whose demonstrations, with those of Mr. Airy at a subsequent period, reduced the question to a mathematical problem, and determined the means of correction. Although it is to Donders of Utrecht, that the world owes most in the elucidation of the details of this, as well as other anomalies of refraction and accommodation,—see "Donders on Accommodation and Refraction of the Eye," published by the New Sydenham Society.

The name, astigmatism, was first proposed by Dr. Whewell, and is derived from two Greek words, meaning from a point, and signifies that rays proceeding from a given point, do not unite at a point again, after

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passing through the refractive media of the eye. In other words, by reason of variations of curvature in the cornea and lens, rays of light are brought to a focus at varying distances, and instead of all the rays that enter the pupil being focussed at a point on the retina, as in the normal eye, or at a point in front of the retina, as in myopia, or at a point behind the retina, as in hypermetropia, making a distinct image at such points, the rays are focussed in accordance with the variations in curvature, and the image is always more or less indistinct, but clearer in one direction, so that in looking at a point, or any given object it presents an elongated appearace; the direction of which is at right angles to the line of least curvature. This I will be able to render clear to you on the screen.

Astigmatism is generally considered under two heads, regular and irregular. The latter is mostly due to defects of the crystalline lens, and the former to differences in the curvature of the cornea in its different meridians, although Donders has shown that the lens exercises an influence here, in some cases, but mostly in the same direction with the cornea.

For purposes of correction, only regular astigmatism is taken into consideration, and but the two principal meridians, viz: that of least, and that of greatest curvature.

Where regular astigmatism is uncomplicated with other anomalies of refraction, it is termed simple myopic or hypermetropic astigmatism, according to the character of refractive power of the abnormal curvature, and the correction is accomplished by the use of a cylindrical glass, one axis of which is plane, while the one at right angles to it, is either convex or concave, as each case may require, and of the proper focal power necessary to eqalize the two principal meridians; the other meridians are in most cases, perfectly corrected at the same time, as there is a correspondence between the curvature of the cornea lying between the principal meridians, and the curvature of the cylindrical glass, between its plain axis, and its axis of greatest curvature. Up to this point, the principal difficulty that lies in the way of a perfect correction, exists in the accommodative power of the eye which frequently has to be paralyzed by the free use of atropia, before the correction can be perfectly accomplished.

But astigmatism occurs in correction with other anomalies of refraction, which greatly enhances the difficulty, both of distinct vision, and its correction.

While in the simpler forms of this defect, one eye may have either

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myopic or hypermetropic astigmatism with the angle of least curvature at any degree of the circle, and in the other eye, the same, or a different degree of the same kind of refraction difficulty at an axis of any other degree, and these variations between the two eyes seem almost endless, still, when we consider that besides this, one or both eyes may be either myopic or hypermetropic, with the focal power, ranging from eighty inches to two inches, the mind cannot grasp the almost infinite number of combinations that may occur.

I shall endeavor to show you a few of these different conditions, by means of the magic lantern, following the example of my long time friend, Dr. John Green, formerly of Boston, Mass., now of St. Louis, Mo., who first presented this method of demonstration, before the Medical Association of the State of Missouri, in December, 1867. Dr. Green has perhaps done more than any one else in this country, to render this subject clearly understood, and his articles thereon, have been translated into several foreign tongues.

His methods of detection and measurement, together with his system of test lines, dots and letters, are almost universally adopted in this country, and largely abroad. It is unnecessary to enter into a detailed account of these methods. I would refer you to Dr. Green's article on "The Detection and Measurement of Astigmatism," published in the *American Journal of Medical Sciences* for January, 1867, or the elaborate work of Donders, before referred to. There have, of course, been many modifications of these methods. Dr. Curtis, of Sacramento, in whose death California lost a bright and shining light, proposed a concise method, and in the *American Journal of Medical Sciences* for October, 1875, Dr. S. D. Risley, of Philadelphia, proposes "a new Optometer for measuring the anomalies of refraction, and the field of vision;" but all these are based on Dr. Green's tests and methods, who in turn received his inspiration from the great Donders.

In the first place, I will throw upon the screen, perfectly focussed, a series of lines and dots, radiating from a common centre, which I have had photographed from Dr. Green's tests, and adapted to the lantern.

Then by means of a convex cylindrical glass, which I place in front of the tube, I render the lantern astigmatic, and depict upon the screen the images of lines and dots, precisely as they appear to the person, suffering from this defect.

You will observe that as I rotate the cylindric glass, one line, or one row of dots will become more distinct than any of the others. You will also observe that in that distinction the lines will appear longer,

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and the dots will assume the appearance of long tubes. Assuming now, that the lantern is our patient, we have a case of myopic astigmatism, which I will correct by placing over the first cylindric glass, a concave cylindrical glass of the same focal distance, and you will observe that the lines and dots resume their normal appearance. I reverse the process, and place over the tube a concave cylindrical glass, when the same appearance is manifested as at first, and which I correct by adding a convex cylindrical glass of the same power.

I now proceed to render the lantern myopic and hypermetropic. By adding to the cylindric glass, respectively, a convex and concave spherical glass. You will please bear in mind all this time, the fact that we are not troubled with any effort at accommodating, which we would have in the natural eye. You will now perceive that the entire field is blurred and confused. The natural eye, by a constant effort, is able in most instances to partially overcome this indistinctness, but in time this power is lost, and it is not difficult for you to apprehend the grave consequences that are liable, in fact all most certain to ensue. I shall refer to this again. Now for the correction, it is necessary, first, to correct the spherical aberration in the axis of least refraction, which I do by adding to the two glasses already before the tube, a third, which is a spherical glass of the same focal power as the one already there, but of opposite refractive character, this reduces the case again to one of simple astigmatism, which is in turn corrected by the addition of a fourth glass, which is cylindric, and of opposite refractive power to the one already in place.

Thus far I have presented only hypothetical cases. I now show you a few real cases, out of the numerous ones I have corrected here in San Francisco, during the past ten months. I would state then that in many cases of compound myopic astigmatism, of a high degree, it becomes necessary to give the patient two pairs of glasses, one for distance, and one for reading. In these cases, the correction of the astigmatism is the same for both pairs, the difference being the focal power of the spherical glasses, combined with the cylindric.

In every one of the cases that have come under my care, I have been able to render very marked improvement, and in most instances, have brought the eyes up to the normal standard.

After the correction is satisfactorily made, which often requires three or four weeks of observation, it becomes necessary to have a glass ground, which will combine in itself, the refractive properties of the test glasses: this is a delicate task, and the correction with which it is

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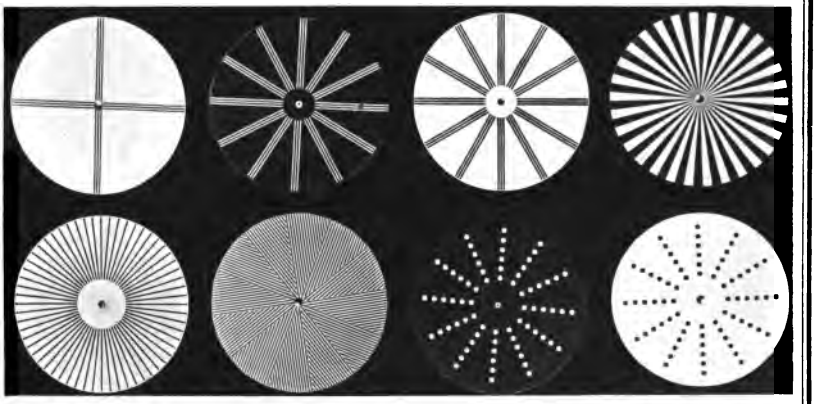
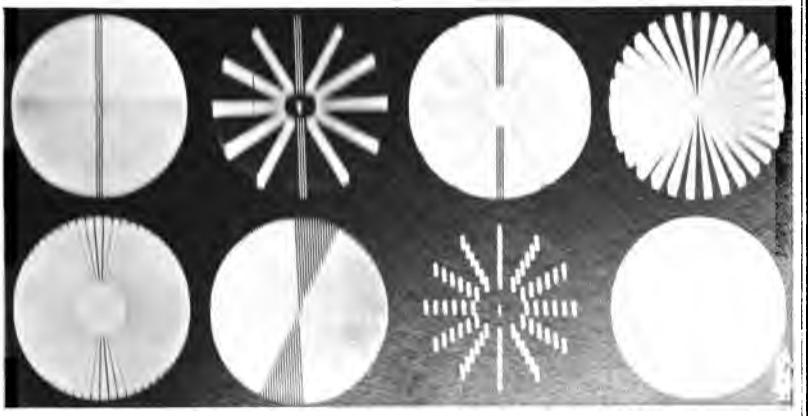


DR. GREEN'S TEST LINES FOR ASTIGMATISM.



THE SAME WITH THE CAMERA RENDERED ASTIGMATIC.

HOUSEWORTH, Photographer. **12 Montgomery St., S. F.**

These Illustrations were Photographed and Printed for me by Mr. THOS. HOUSEWORTH, 12 Montgomery Street, San Francisco, who has zealously devoted much time and skill, and spared no pains in perfecting them.

I desire furthermore to express my thanks to him for the very careful and skillful manner in which he has ever filled my orders for glasses.

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accomplished is a sourcs of wonder to me. I am informed that there are not over five or six persons in the United States, who can do this work, and that the process is kept secret.

I desire now briefly to invite your attention to some of the serious results proceeding from disorders of the refractive or accommodative apparatus of the eye. In doing this, I cannot refrain from quoting from an article published by Dr. S. Wier Mitchell of Philadelphia in the *American Journal of Medical Sciences* for April, 1876. Dr. Mitchell although not an opthalmologist, is well known to you all as an authority upon nerve and brain diseases, and is fully alive to the very great importance of these ocular defects, in inducing various cerebral symptoms and other physical derangements.

He says: "My consultations have plainly enough taught me that hardly any men in the general profession are fully alive to the need of interrogating the eye for answers to some of the hard questions which are put to us by certain head symptoms, since many of the patients treated successfully by the correction of optical defects, never so much as suspected that their eyes were imperfect. What I desire, therefore, to make clear to the professsion at large is first, that there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eyes.

Second, that in these instances the brain symptoms is often most prominent, and sometimes the most prominent symptom of the eye troubles, so that while there may be no pain or sense of fatigue in the eye, the strain by which it is used, may be interpreted solely by occipital or frontal headache.

Third, that in many cases the eye trouble may be the unsuspected source of insomnia, vertigo, nausea and general failure of health.

Fourth, that in many cases the eye trouble becomes suddenly mischievous, owing to some failure of the general health, or to increased sensitiveness of brain from moral and mental causes."

I quote one case from Dr. Mitchell's paper.

"Mr. B., a prominent merchant, consulted me for pain in the upper spine and occiput. It increased day by day every winter, and left him during his summer, which was spent in shooting and fishing—a tent life in fact. Mr. B. was even cauterized in New York for these pains, and here at home he had much able advice besides my own. When I first saw him, I was thoroughly misled. It was late in the winter, and, as usual, while in the autumn only *writing* at first, and then later *reading*, and *any* near work caused pain; as time went on there came a

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period when all mental labor, when excitement, emotion, or any thought caused pain. He was in this over sensitive state when I saw him, and was aided by nothing I did. His holiday cured his head, and on his return, some friend I believe, suggested to him that his eye might be weak, and with this idea he consulted Dr. Wm. Thompson who gave me the following additional particulars from his notebook."

"Writing has become so distressing to this gentleman that for a year past all letters have been written by a secretary, at his dictation. He states that a few moments spent in writing, give him a creeping sensation up the spine and through the head followed by giddiness and severe pain, so as to render him fearful of "a fit of some kind." His sight was for distant objects, one-third, and was improved by a concave cylindrical glass, one-eighteenth, which he had obtained from a prominent opthalmic surgeon; and with this his sight was 1-1, or up to the normal standard; but despite this success, his headache, and other nervous symptoms were unrelieved.

It was suspected that this would prove to be a case of compound astigmatism, and that he had overstated his myopia in the previous examination, and that the diagnosis had been considered correct by obtaining the full sharpness of sight by a 1-18 cylinder. It was conceived that there might be latent hypermetropia, and that in overcoming a long-sighted meridian he would overstate a myopic one, and thus be provided with a correction for short sight, which would give sharp sight, but leave him hypermetropia, and therefore oblige him to keep his ciliary muscle in vigilant and constant exercise in viewing distant as well as near objects.

On paralyzing his accommodation with atropia, this was found to be correct, and the hypermetropia was found to amount to 1-36. His formula for the astigmatism was × 1-36 s.⊂ = 1-16 cy. axis 1°, and this correction gives him an acuity of vision 15-10 or above the average standard. On using these glasses habitually, his distressing symptoms quickly disappeared; he has long since forgotten his apprehensions of an impending apoplexy or epilepsy; he can see as sharply as any of his companions, and he can use his eyes continuously in reading, writing, or any other near work"

"Relief in this case followed at once the use of glasses, which proved competent, without other means to conduct him to perfect and useful health again."

I have quoted this case, because it is more marked than any that has occurred in my practice. Although I have seen a number in which

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the same train of symptoms have been manifested and which have been perfectly relieved upon the regular use of properly corrected glasses.

It is not unlikely that the direction in which investigations of astigmatic troubles, will prove of the greatest benefit, is among the young. Dr. William Thomson, lecturer on diseases of the eye and ear at Jefferson Medical College, surgeon to the Wills Opthalmic Hospital, Philadelphia, etc., in an admirable paper published in the *American Journal of Medical Sciences* for October, 1875, speaks of one hundred clinical cases, in which there was posterior staphyloma, with crescents at the optic nerve, eighty of which were of myopic, and twenty of hypermetropic refraction, all of which were complicated with astigmatism. It is well-known that these crescents at the optic nerve are present in a majority of cases of myopia especially when of high degree, and it has been shown by Cohn from the examination of 10,000 children, that while myopia existed in the proportion of about one and one-half per cent in the infant schools, the percentage gradually increased through the different school grades, until in the Universities it amounted to sixty-six per cent. When we consider that the changes taking place at the fundus of the eye keep pace with the increase, and perhaps precede it, and that in a large majority of high degree of myopia, astigmatism exists, and when we take into further consideration, that Donders has shown that almost every eye has an appreciable amount of astigmatism, it is fair to suppose that astigmatic anomalies play a very important part in the alarming increase of myopia.

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OVARIOTOMY PERFORMED FOR THE REMOVAL OF A FIBRO-CYSTIC TUMOR OF THE OVARY.

BY J. T. WELLS, OF VISALIA.

Mrs. A. O. T., of Visalia, California, *Æt.* 27. Married twice; has one child eight years old, by first husband; was married to present husband August 30th, 1875; had the appearance of perfect, robust health, and was very fleshy, weighing one hundred and sixty-five pounds.

About five years ago she received a fall in a skating rink, from which she suffered severe neuralgic pains in the region of the left ovary, for five weeks, after which she enjoyed excellent health up to December, 1874, when she suffered from metrorrhagia, "bloating," and indigestion for about three months, for which she consulted a physician in Bakersfield, Kern County, who on examination diagnosed an ovarian tumor.

Finding but little relief from treatment, in March, 1875, she consulted a physician in San Francisco, who, after repeated examinations, assured her that no tumor existed, but treated her for indigestion, with some relief. She returned to her home then in Kern county in May, and suffered no special inconvenience except "bloating" and occasional pain in the left side, up to the 30th of August, the date of her second marriage.

After marriage her symptoms became much aggravated, persistent

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bloating, with pain in left side and back, and irregular, painful menstruation.

I first saw the patient in consultation with Dr. W. A. Russell, of Visalia, and concurred in his diagnosis of an ovarian tumor, then about the size of the fœtal head at birth.

The tumor could be distinctly felt "per vaginum" as a hard, smooth substance, impacted in the pelvis, in front, and slightly to the left of the uterus, which was pressed backwards by the tumor, and was differentiated from a uterine fibroid by not being moved with the uterus.

The patient at this time was suffering from chronic endometritis, to which part of the symptoms were ascribed, and which yielded to the usual treatment, with much temporary relief.

She soon after removed to the country, and required no special attention for four or five months.

The tumor, in the meantime, continued to grow rapidly, and attained the size of the gravid uterus at the sixth or seventh month, the "bloating" continued, and the general health began to be disturbed by frequent vomiting, pain and tenderness on the tumor, with anorexia, restlessness, frequent micturition, constipation, a sense of soreness and dragging pains in the left side, and painful metrorrhagia. In February, 1876, I advised ovariotomy, which was readily agreed to. The tumor, at this time, occupied almost a mesial position in the abdominal cavity, and could be moved upwards or to either side, indicating a considerable length of the pedicle, and but slight or no adhesions; slight fluctuation could be detected on palpation.

The abdomen measured forty inches, largest circumference. As the tumor enlarged, it became elevated above the rim of the pelvis, and could be felt "per vaginum" only by bi-manual examination.

The patient had menstruated one week previously. The bowels were freely evacuated on the previous day by purgation, and on the day of the operation by enema, and one grain of opium given every five hours. The patient insisting on the performance of the operation, even after its gravity had been fully made known to her, on the 16th of March, 1876, assisted principally by Dr. W. A. Russell, of Visalia, with Drs. Farrow, and Conyers, I performed ovariotomy, in the following manner. Anæsthesia was produced by a mixture of chloroform and ether, vomiting only once during its administration. An incision four inches in length was made through the linea alba from one and one-half inches below umbilicus downward; slight hemorrhage occurred from a branch of the epigastric artery, at the lower angle of the incision, but

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was arrested by torsion. The abdominal adipose tissue was one and one-quarter of an inch in thickness, making the parietes of abdomen one and three-quarters of an inch in thickness. On opening the peritoneal cavity the omentum was found to be about three-quarters of an inch in thickness and of an irregular, lobulated appearance, which was turned aside, and the bluish, hard surface of the tumor presented. An exploring trocar was introduced, and a whitish, viscid liquid escaped; a sound was passed around the tumor, and detected only one adhesion. A large, curved trocar was then introduced, and about three and one-half quarts of fluid drawn off, whitish and viscid at first, but turning darker, thicker, and grumous or colloid. The cyst was seized by forceps as its walls collapsed, but owing to a softened condition, ruptured, and allowed much of the fluid to escape into the peritoneal cavity, notwithstanding the abdominal walls were constantly compressed by assistants. As soon as the cyst was sufficiently emptied, the hand was introduced, and two smaller cysts discovered and evacuated by the trocar. The tumor was then drawn out, by aid of the hand, and Dawson's clamp applied, and the pedicle severed and coated over with Monsell's salt. Only one adhesion existed, which was omental, of irregular shape, about two and one-half inches long by an inch wide, which was detached by the fingers, after which slight hemorrhage occurred from a bleeding vessel in the torn surface of the omentum, to which a ligature of carbolized silk was applied, and a portion of the omentum cut off, and the ligated portion returned to the abdominal cauity.

The peritoneal cavity was then *very carefully* sponged out, the sponge being washed out in artificial serum, which was also injected into the peritoneal cavity, and again sponged out. The intestines presented a peculiar livid, brownish appearance, due probably from congestion from pressure. The incision was then closed by seven sub-peritoneal, and five superficial sutures, the pedicle being pressed firmly down into the lower angle of the incision, and a sub-peritoneal suture applied immediately *above* it. The dressings consisted of lint wet in carbolized oil, strips of adhesive plaster applied across abdomen, cotton-batting, and oiled silk, with a broad flannel bandage over all, and the patient washed, dressed and put to bed in one hour and thirty minutes from the beginning of anæsthesia. As soon as she became conscious she complained of severe pain across the abdomen, which, persisting for one hour was relieved by a hypodermic injection of morphine, repeated "pro re nata."

During the first twenty-four hours the patient was troubled with sin-

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gultus and vomiting, and on the second day, pain in the left hypogastric region, continuing severely; fourteen leeches were applied over seat of pain, which was followed by free hemorrhage, and permanent relief. The urine was drawn off every five hours for six days. On the third day tympanitis, with tenderness over the abdomen occurred and was relieved by the frequent introduction of a rectal tube. The dressings were removed on the fourth day, and the incisions had apparently healed by first intention almost down to the pedicle which was washed with a solution of carbolic acid, one part to thirty, and dressing reapplied. From this time the patient recovered without an untoward symptom, feeling but little or no pain, being cheerful and confident of recovery. The superficial sutures were removed on the sixth day, the deep ones on the eighth. The bowels were moved on the ninth day by enema, and the clamp came away, the pedicle sloughing on the fourteenth day. Fifteen grains of quinine were given morning and evening for two or three days after the operation, and then continued in diminished doses with the chloride tincture of iron during her convalescence. The patient sat up in bed on the eighteenth day, and got out of bed on the twenty-sixth day, since which time she has not been confined to the room, and is now walking about the house, up and down stairs, in apparently perfect health, having been but little emaciated by the operation. The lower part of the incision healed by granulation, and there now remains no trace of it except a linear cicatrix. The tumor, together with the contents of the cyst, weighed twelve pounds; the walls of the cyst presented a darkened, bruised appearance; the tumor weighed two and a half pounds without the fluid contents, and is about seven inches long by three inches wide, of a dense fibro-cellular structure so hard that it cannot be indented with the finger.

The rapid recovery of the patient would seem to indicate the justification, or rather the necessity of operating while the patient is yet in good health, before the vital powers have become impaired, the spirits depressed and hope vanished. I must also accord part of the success of the operation to Dr. W. A. Russell, to whose assistance much of the success of the operation is due.

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PATHOLOGY OF THE FEBRILE STATE.

BY J. BRADFORD COX, M. D., OF SAN JOSE.

What can be said upon such a theme that is not already the common property of the profession?

Galen's memorable words, "*calor præter naturum*," have long been considered a tolerably correct definition of fever, and some standard authors yet say it is the only definition whose accuracy is unimpeachable. Taking this as an index of the progress we have made, I feel as if an apology was necessary for offering to bore the members of this Society with a subject so unpromising of interest. However, physiological researches have recently developed some truths which I think bear directly or indirectly upon the subject, and my object will be in my imperfect manner, to apply these truths, or some of them, to the elucidation of some of the mystery connected with the pathology of the febrile state. Physiologists, since the time of Harvey, have been giving the medical profession various truths concerning the mechanism and chemistry of human life, and if we fail to make the proper application of such truths, when fully established, we do but grope in the dark.

Could physiology have given its share of evidence in decisions concerning the nature of diseases, I fancy our progress would have been more rapid. There has been of late years, such a fashion, and I might say almost mania, for morbid histology, that physiology has hardly been consulted or asked a single question.

Let us then investigate the subject from a physiological standpoint. From the chemistry of physiology we learn that certain excrementitious

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products are constantly given off through various channels. These are the result of the changes taking place in that complex process which we call animal life.

For instance, we know that in a state of health the urea is formed in the body, and must be eliminated. Although the quantity formed varies within certain limits, according to the amount of nitrogenous food taken, the amount of muscular exercise, etc., yet whenever from any cause the quantity formed is greater than the quantity eliminated, so that there is an accumulation in the body, this excess acts in a manner akin to a foreign substance in that particular tissue in which it may have accumulated, and a condition called uremic fever is sometimes the result. On the other hand, whenever from any cause the demand for urea is greater than the supply furnished in a state of health so that urea is formed from decomposition of the tissues, then the normal conditions regulating the production of animal heat are disturbed, and again, fever may result.

I have only used the illustration by means of urea, to exemplify a principle which is as broad and comprehensive in its application as are the variations in the formation and elimination of the healthy excrementitious products of the human body.

Prof. Flint, Jr., in his "Text Book of Physiology," page 506, gives a list of these excrementitious principles, consisting of no less than seventeen, and adds the remark that in the above list he has omitted all *doubtful* excrementitious principles, as well as the inorganic compounds found in the excreted fluids.

It is now fully proved that the generation of animal heat is connected more or less intimately with all the processes of nutrition and disassimilation, including, of course, as Prof. Flint says, the consumption of oxygen and the production of carbonic acid. Since these changes take place in the tissues themselves, it is here that we would look for elevation of temperature when the process is disturbed. It is only *calor præter naturam*, affecting the whole body that we call fever. When confined to a particular organ or tissue we call it inflammation.

I shall here perhaps tread upon forbidden ground by saying that I believe the future will reveal fever and inflammation to be one and the same pathological condition, differing only in degree and results.

Let us see what this condition is. Let us go back to first principles.

That there is in every fever, from whatever cause, idiopathic or symptomatic, an elevation of temperature has, perhaps, never been disputed; but that this elevation should arise from increased tissue change, and

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have its immediate cause in the alteration of the nervous system, is to say the least a question that is not definitely settled.

We must admit that all the knowledge which has been added to the pathology of fever by the microscope, and the most recent investigation, may be summed up in this: that there is an abnormal condition in the process of metamorphosis, or the change by which the nutritive elements are by the various tissues taken up and made a part of themselves and the worn out material is eliminated.

It has been established beyond a doubt, I believe, that animal heat is the result of this metamorphosis of tissue; and when this change takes place according to certain fixed chemical and vital laws, forming definite chemical compounds, the result is a temperature ranging at about ninety-eight degrees Fahrenheit.

Let these chemico-vital laws be interrupted, and immediately a change in temperature follows.

Galen's words become the foundation-stone for a correct definition of fever; and when the Royal College of Physicians of London adopted a "Provisional Nomenclature and Classification of Diseases," it could do no better than say that "fever consists essentially in *elevation* of *temperature*, which must arise from an increased tissue change, and have its immediate cause in alteration of the nervous system."

Had not this latter clause been added and the word *increased* been used where I think *abnormal* would have been better, the definition would still include about all we know of the pathology of fever.

Considering the fact that we have advanced a little since 1867, and that a large class and perhaps a majority of American physicans believe the immediate cause to exist in the blood, the definition is not accepted by all as being correct.

It has long been taught that the fever-producing cause exists or originates in the blood. This, I believe, is stopping short of the fountain-head, and is equivalent to saying that this is as far as we have traced the abnormal products of the febrile state. All recent investigations, I think, point to something beyond.

Cases were observed by Dr. Parkes, in which there was an elimination of excretions. The advocates of increased tissue change explain these by saying there may be increased metamorphosis, but diminished elimination. There are cases, however, in which increased metamorphosis does not seem possible; as in febricula, symptomatic fevers, and some eruptive fevers, in which there are no sequelæ to indicate that excreta have been retained. In such cases it is safe to conclude that the tissue

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change is neither increased nor diminished, but that it takes place in an abnormal manner.

Instead of healthy and natural combinations of oxygen, hydrogen, nitrogen and carbon with each other and with the various inorganic elements to form urea, creatine, creatinine, urate of soda, urate of ammonia, etc., they unite in such proportions that other chemical compounds are formed differing slightly from the healthy excrementitious principles. In the chemical composition of urea, C2, H4, N2, O2, by a very slight chemical change we have a new substance formed, viz: carbonate of ammonia.

Since the elements forming organic compounds are not arranged according to their strongest affinities and are therefore readily decomposed, slight chemical changes have their effect on all the healthy excretions; changing them into new substances in the tissues themselves during the process of assimilation and disassimilation.

These new compounds incapable of being eliminated act as before stated similar to foreign bodies, thus interfering with healthy metamorphosis and consequently producing a change of temperature. Through the irritation of these thousands and I might say millions of atoms in the minute structure of the tissues, the circulation becomes hurried. The *vis medicatrix naturæ* thus makes an effort to wash away or decompose these offending particles.

Our success in the treatment of fevers will depend largely on our ability to assist nature in this effort. When they are eliminated the *cause* of the fever is gone, and our work is done; for their healthy metamorphosis of tissue again begins, and the normal temperature is the result.

Let us endeavor to ascertain what the abnormal products are as found in the blood and other fluids of febrile patients and then see if we cannot account for them as the direct result of abnormal tissue change.

First and most important in this connection is the fact that recently Prof. Flint, Jr., has shown that fibrine does not exist as a normal constituent of living blood, only as a result of decomposition. Although it has not been established fully that fibrine exists in the blood ot all patients suffering from fever of whatsoever kind; yet the buffy coat of the older authors, and the actual presence of fibrine in the blood in some fevers, and its presence in the urine in some other cases, together with the fact that in most all fevers, including typhus and typhoid, the relative amount of albumen in the blood is diminished; these circumstances make it probable at least that the albumen is con-

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verted into fibrine, and that the latter exists in the blood of all febrile patients. There is also, according to Aitken, diminished alkalinity of the serum, diminution of the alkaline salts, a diminution of the red corpuscles, and in some cases the presence of uric acid. This condition of diminished alkalinity exists only at the beginning of febrile attacks; for in those fevers which continue for a number of weeks, increased alkalinity of the blood is a prominent feature. Since alkalinity in excess is known to prevent the formation of fibrine in the blood, this perhaps explains why it is not found in the blood of those who have been under the influence of fever for a considerable length of time, as in typhus and typhoid fevers.

As to the abnormal condition of the urine in fever, according to Aitken, we have deficiency of water, increase of solids if they are not retained, and especially the urea, the uric, the hippuric, the phosphoric, and the sulphuric acids. The pigments also are increased, and the chloride of sodium is diminished.

In Aitken's "Science and Practice," I find on page 77, vol. 1., the following: "It is probable there is an unhealthy or perverted metamorphosis which leads to the appearance of compounds in the excretions, either altogether foreign to the body, or foreign in respect to time and place. There is evidence of this in the peculiar smell of the perspiration, in the coloring matter of the urine, as well as in the occasional excretion by it of hippuric, lactic, valerianic and other organic acids."

With our present knowledge of organic chemistry, it is impossible to give a complete list of these compounds and their composition. The following, however, are known to exist in the tissues and excretions of persons suffering from preternatural heat: Urea, in excess, C2, H4, N2, O2; Uric acid, C10, H4, N4, O6; Hippuric acid, C18, H8, NO5, HO; Sulphuric acid, SO3; Phosphoric acid, PO5; Lactic acid, C6, H6, O6; Creatine, C8, H9, N3, O4; Creatinine, C8, H7, N3, O2; Cholesterine, C37, H32, O; Fibrin, C400, H310, N50, O120, S. P.

To this might be added a long list of urates, hippurates, phosphates, sulphates, lactates, etc. This list is sufficient to show that all these compounds contain large proportions of carbon, hydrogen and oxygen. The blood does not contain these elements in sufficient quantities to furnish the abundance of these products given off in the course of a typhus or typhoid fever. The ingesta, with the exception of water, HO, are diminished, so that they would not furnish the supply.

We are therefore left to conclude that the tissues themselves are the

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source of these abnormal products, and the process by which they are formed, must produce the change in temperature which we call fever.

To explain how this change takes place, which element is the first to deviate from the chemico-vital laws controling it, and in what particular tissue the change originates is beyond the limit of our present knowledge of the chemistry of life.

There are certain general truths, however, which may assist us in partially understanding these changes. The first step in the process has with a degree of propriety, and for want of a better name been called Zymosis. This may consist in any abnormal combination between carbon, hydrogen, oxygen, nitrogen, and the other elements in the body by which a new compound is formed; which from its nature is capable of reproducing itself at the expense of other and healthy tissue changes. Nutrition in its broadest sense, which includes growth in the young and simply repair in those of mature years, consists essentially in combinations by chemical affinities, guided by that mysterious agency which we call vital force. Now so long as this vital force controls and regulates these chemical affinities, nutrition and a natural temperature results. Let any extremely subtle virus be introduced and carried by the blood to this chemico-vital laboratory, the tissues, so that it paralyzes, as it were, the influence, then chemical affinities assume control, decomposition begins. Strange chemical compounds begin to form, and a preternatural heat is developed. A demand is made for more carbon, hydrogen, and oxygen. This demand must be met. Carbon may be furnished by the tissues, especially the adipose without great inconvenience. The supply of hydrogen and oxygen from this source is not sufficient. Hence arises the thirst of the patient, which is almost as constant as the fact of preternatural heat; also the accelerated breathing. Perhaps other phenomena and symptoms could be explained in a similar manner.

The period of incubation is explained by saying that during this time the virus is penetrating and permeating the entire organism, and as it were, fighting its battle for the mastery over the vital force. Should it fail, we say the person was exposed to the disease, but did not take it.

In summing up may we not say that abnormal tissue change, accompanied by preternatural heat, constitutes the essential pathology of fever?

Calor, rubor, tumor, cum dolore, is yet a pretty good index of the results of inflammation, but does not give much light on its pathology.

The researches of Simon, Lister, Goodsir, Redpan and Virchow show

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that "inflammation is only one of the various shades of deviation from the normal process of nutrition,—a diseased action tending to a local lesion." It is usually accompanied by heat and redness. The swelling, pain, exudation, suppuration, etc., may or may not follow. In fever the abnormal tissue change is general—in inflammation it is local.

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SYPHILIS AND LUPUS.

BY E. H. WOOLSEY, M. D., OF OAKLAND.

Extensive destruction of schusiderian membrane, contiguous bones, and cartilage of septum, occurring without knowledge of patient, and recovery without deformity or loss of smell.

In same case, Lupus of left ear, operation for sloughing of cartilage, and cure without conspicuous deformity.

On January 8th Miss ——, aged 45, (would pass for 35) native of Napa, and by occupation nurse, consulted me about an ulcer (oval and about half an inch long) in roof of mouth, at junction of superior maxillory with palate bone, which first attracted her attention two weeks previously, and which, during the term had been under the daily observation of a physician.

The palate procepes of the superim maxillary at site of ulcer were exposed, discolored, and presented an open fissure through which a small probe could be passed into nasal cavity. Fluids issued from the anterior nares in the act of drinking, and the breath was horribly offensive. In response to my inquiries, patient stated that she had not suffered from ozena or other nasal disease, and that her nose had not been examined.

Dilating the anterior nares, I discomplished at once, and much to the surprise of patient and friends, that a large portion of the septim had been destroyed, and illustrated the fact by passing probe in one nostril, behind the calumun (which reamined intact) and out of the other. The odor from the nose, entirely unperceived by patient, was

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to me so exceedingly disagreeable that I was obliged to postpone further examination.

On the following day, after a liberal use of disinfectants, and after removing from the nasal fossae numerous gangrenous sloughs, and fragments of necrosed bone and cartilage, I found that the cartilage of septum, together with about one third of the boney septum, and the greater part of the inferior turbinated bones had entirely disappeared, that that portion of the septum which remained in sites, was pretty generally denuded of peristuem, erosled and discolored. That the entire boney floor, and the anterior-inferior osseous boundary of the nasal fossae, and a large portion of the roof of the posterior nares was entirely uncovered, and more or less roughened, and as before mentioned that the common cavity of the nasal fossae communicated with the oral cavity, by fissure at median line of hard palate.

Patient is intelligent and trustworthy. Could remember of but one illness that of an intense and persistant ceptalalgia, which occurred eleven years ago, and continued without remission and apparently uninfluenced by medical treatment for a period of thirteen weeks, ending in partial blindness of the left eye, from which she has not recovered. Patient's surroundings were unexceptionably good, her duties light and agreeable, functions regular and her mind at ease. Yet in appearance she was extremely pale and auasmic, which could only be accounted for on the mypothesis of profound constitutional cachexea. Failing however to elicit any information of a diaognostic character, I ordered iron, calasayac, wine, cod liver oil etc., etc.,and frequent injections of chloride of zinc and permangonate of potass, and at the end of a week failing to perceive any improvement, I brushed the diseased surface with a strong solution of nitrate of silver, and to effect greater cleanliness of part, trephinul away with a small instrument used by dentists for boring into autrum—a portion of the dead bone at site of ulcer in roof of mouth.

These measures failing, I tried strong nitric acid. It failed, and, at the end of a fortnight the disease extending rapidly toward the brain imperiling the life of the patient, and in various directions beyond the reach of rational surgical interference.

The mucous surface of the pharynx was now invaded, and fluid injected into nares assid readily into the lachrymal passages, and Eustachian tubes, occasioning profuse lachrymation and great distress and pain at ears, and the general health, in spite of a most perfect hygiene and support, was fast giving way.

Questioning patient again, and failing to get any clue as to the cause

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of the disease, I resolved to rely upon objective rather than subjective evidences, and prescribed 15 grs. of Iod. Pot., three times a day, an injection of a solution of iodine every four hours, and brushing of parts daily with iodine paint.

This treatment was continued for a week, at end of which time I felt quite sure that some benefit had accrued. The exposed bone, however, continued to exfoliate, and with the least suspension of local measures, sloughing recurred Dr. Brigham was now called in consultation, and he regarded the disease as either malignant or syphilitic, inclined, however, to latter opinion, and approved of constitutional treatment.

Ordered 6 grains Iod. Potass, daily, and at expiration of another week, the disease, though still very obstinate, was under better control, and there was some improvement of general health. Assured now of the propriety and utility of Iodide Potassium, and fearing that the disease might end in deformity or death, I prescribed 90 grs. daily, and continued for a week, at end of which the disease appeared to be under perfect control.

Diminished quantity of the iodide to 60 grs. daily, and prescribed syr. Ferri Iodide, half a drachm three times a day.

Patient continued to improve, and at end of another week, the dead bone at oral operature and elsewhere, had nearly all been cast off, and notable repairs in the soft parts had occurred.

The above treatment was continued for two months, at expiration of which time, patient had practically recovered. There was no longer any dead bone to be found, and the interior of nose was everywhere granulating. Patient's general health was much improved, weighing 14 pounds more than at beginning of treatment.

In the six weeks' course of specific treatment, the patient, besides using frequent daily injections of a strong solution of iodine, had taken about 5½ oz. of iodide of potassium, and considerable quantity of iodide iron without experiencing any inconvenience therefrom, and without presenting any symptoms of Iodism other than a slight and transitory eruption on fore-arms (a few small papulæ and vesicles appeared about ears, and will be hereafter considered.) Patient has continued to take iodide of potassium in small doses every day up to the present writing, March 16th. She has steadily increased in weight, has a good color, and an elastic step. The sense of smell is nearly, if not quite restored, and there is no external deformity whatever—the bridge and fleshy column of septum remaining unimpaired. Within, however, there is but one cavity, which, from the almost entire destruction of the inferior

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and middle turbinated bones, and septum, is very capacious, and exposes at its lower plane an unobstructed view of the pharynx.

The soft palate is considerably drawn up, and the fauces are widened, but the only inconvenience to speech and deglutition, is occasioned wholly by the aperture in the hard palate. This inconvenience—the only one, I may add, resulting from the disease, is however, remedied temporarily by a plug of sponge.

That the case which I have thus briefly narrated, was one of acquired syphilis, is evidenced by the clinical data; the insidious commencement of the disease, its location, its painless and terrible ravages, its rapid and destructive march under a faultless non-specific treatment, etc., and proven by its behavior under iodide of potassium.

When and how acquired is still conjectural, but the question of infection once settled, it matters little so far as therapy is concerned, what the *mode* of infection may have been. And here applies, with especial force, the doctrine, that it is the province and duty of the surgeon to act upon conclusions drawn from the phenomena of disease, even to the exclusion of otherwise reliable testimony.

LUPUS.

On or about the 1st of February, while the patient was taking iodide of potassium, there appeared at concha of left ear, a small, soft, white, papula, which, after remaining stationary for a day or two, began to spread at periphery, and vesicate at surface, and in the course of a week, occupied fully one-half of the concavity of the auricle, and presented an ulcerated surface. Its edges were now vascular, and the surrounding skin considerably inflamed, and I will here remark that this late condition was in no way due to treatment, as I had only employed the mildest lotions and unguents. The case was now seen by two physicians, both of whom regarded the affection as trivial, yet neither could name or explain it.

Examining a specimen removed from the surface, I found it to consist principally, of small, round cells, and this, together with the microscopic appearance, and clinical history, led me to regard the condition as a form of lupus. I now resorted to the use of caustics, but in spite of them, the disease continued to spread with wonderful rapidity, and at the end of another week covered, and nearly filled, the entire concavity of the auricle, had crossed into the external meatus, and was breaking over the border of the anti-helix.

Anæsthetising patient, I now removed—principally with scraping instruments and finger nails—the entire growth.

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The disease extended in depth to the underlying cartilage, and the latter was therefore exposed by the operation.

The part was now dressed with "Boracic Lint," and afterwards with zinc ointment, etc., but suppuration supervened, and the larger portion of concha, yielding to the disintegrating process, loosened and came away in fragments, leaving the connective tissue posteriorly in a suppurative condition, and the surface of the integument behind the ear considerably inflamed.

Under careful management, however, the inflammatory symptoms disappeared, suppuration ceased, and perforation, which for a time seemed inevitable, was averted, and within a period of two weeks from the date of operation, cicatrization was complete.

That portion of the cicatrix occupying the concha, however, owing to the loss of cartilage, and replacement of latter by new connective tissue, presented no depression whatever, and on account of the extensive breach of continuity occasioned considerable contraction. But by means of elastic compress, etc., the deformity has been so far remedied as to be scarcely noticeable.

In conclusion I will remark, that after cicatrization had been accomplished, there appeared on rim of right ear a small, white papula, almost identical in appearance with that which led up to Lupus, and on upper portion of rim of left ear, and behind over mastoid protuberance, several vesicles and pustules, even more formidable in appearance than either of the others. These lesions, however, vanished in the course of a few days.

The morbid specimen which I here exhibit in fragments, and which I regard as a specimen of lupus, was, soon after its removal, more than twice its present size, soft and friable, and upon microscopic examination, the tissues of the involved skin were found to be infiltrated with, and partly replaced by small round cells.

The occurrence of lupus in a non-strumous subject, while the latter was suffering from a troublesome tertiary affection, was somewhat suggestive of relationship.

It is true that the serpiginous, or somewhat characteristic form of syphilitic lupus was wanting, and that the disease developing at a time when the patient was under the influence of iodide of potassium, and ran a rapid and destructive course, while she was improving in every other particular. But it is nevertheless true, that the configuration of syphilitic lupus is exceedingly variable, that the integument of syphilitic persons is exceedingly prone to disease, particularly to cell prolifer-

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ation and tissue degeneration, and that iodide of potassium, while exerting a specific salutary influence upon disease of the deeper structures, frequently does, and in this case did, produce elementary lesions of the skin.

Therefore, while I have refrained from specially designating the affection as "syphilitic," it is probable, that the inception of a lesion which developed into lupus, was due to the primary influence of iodide of potassium upon an integument already prone to disease in question, while following a general law and type of lupus, was due either directly or indirectly to the syphilitic taint.

The continuance of the disease after the patient had been brought fully under the influence of iodide of potassium, does not in any way militate against the theory advanced, because the drug does not appear to exert any appreciable effect over any form of lupus.

But while iodide of potassium is probably powerless as against so formidable an affection as lupus, and, while its primary effect upon the skin is unquestionably injurious, its ultimate effects upon the nutrition of that organ, in those suffering from tertiary syphilis, is to render it more stable, or in other words very much less prone to lupus and other textural diseases. And in the case under consideration, we have an excellent illustration of the beneficial as well as of its injurious effects upon the skin. Of the latter, in the occurrence of papulæ and vesicles, and of the former, in the abortive character of such as appeared after the lupoid affection had been cancelled, and near the close of a long and active course of treatment with specific drugs.

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REMARKS ON ECZEMA,

BY ALFRED EMANUEL REGENSBURGER, M. D., OF SAN FRANCISCO.

One of the greatest difficulties which stares the student of dermatology at once in the face, to say nothing of the other obstacles which he has to surmount in order to become at all well versed in this one of most difficult and at the same time one of the most important branches of medicine is the nomenclature of these diseases. To prove the truth of this assertion, let us take for example psoriasis. We find that by this term a great many authors define a disease of the skin characterized by the appearance of mother-of-pearl-like scales, situated on reddened bases assuming different forms and of various sizes. This same disease, Fox, unquestionably one of the most able dermatologist denominates lepra, not using the term in question at all. Wilson calls it æpleos, making psoriasis refer to eczema squamosum or chronic scaly eczema and lepra a synonym of elephantiasis Græcorum or true leprosy. Many similar examples might be given if it were necessary—far from being an exception such is unfortunately almost invariably the rule. I have cited this affection as an example because you have all no doubt met with it, because it is easily recognized and is of frequent occurrence. Nor are we surprised so much that this is so, when we bear in mind that the clasification of these diseases, upon which their nomenclature depends to a great extent, is yet in such an unsettled state, every author having up to the present time made a classification to suit his own taste and fancy. This is due to the fact that one takes the elementary lesions, another the nature of the disease and so on as the basis of his

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classification. Indeed, we have reason to be satisfied that it is no worse. Before the end of the last century all was confusion here.

The credit of educing order out of the chaos, of redeeming this long neglected branch of medicine from oblivion, of rescuing it from empiricism and of assigning to it a proper place in scientific medicine belongs most assuredly to Willan and to Plenck—to Willan especially. Willan gives us the real means of separating these diseases, one from the other. To him modern dermatology owes more of her progress than to any one else. Willan's classification, notwithstanding the aspersions that have been cast upon it of late years, has survived to this day; and albeit the rapid strides that this branch of medicine has made within the last few decades have necessitated the changing of some of the minor details—yet the basis, the groundwork still exists, and will outlive every other classification that has thus far been proposed.

To-day this specialty is taught in almost every medical school of the world. Let us hope that such may soon be the case as regards California's medical schools; while all are destined in the near future to play no insignificant role in medical education and progress. Situated as they are in a climate conducive to great mental and physical vigor and activity and favorable to the prosecution of medical studies all the year round; besides affording the student opportunities to see examples of all "the ills that flesh is heir to." Judging from what has been already accomplished there seems to be some reason to indulge in the belief that the consumation of this to be devoutly wished for end may not be far off.

The foregoing remarks, which have been made in general may apply in particular to eczema—the subject of this essay. I have chosen this subject because it is that cutaneous disease which is of the most frequent occurrence, assumes chameleon-like, so many different aspects, about which so much difierence of opinion exists, and withal is so amenable to judicious and well directed treatment; and at the same time to stimulate others to enlist their efforts in this department of medicine, which has had little attention given to it on this coast, as is evident by the fact that this is the first paper read before this society on any subject connected with dermatology, while all other subjects have been ably treated of in the transactions of this society. It can not be expected that I should do justice to such a subject as eczema here, as that would take up too much of the valuable time of the society to the detriment of other equally important topics. All that I shall try to do

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here to-day, will be to present in as brief a manner as possible a short sketch of this disease, as my experience, observation and reading have led me to regard it.

We now come to the qnestion, what is eczema? Shall we restrict the definition to its narrowest sense as Willan did, viz:—a disease whose characteristic, pathognomonic lesion consisted in the production of vesicles, however, remembering that they may often escape notice, but recognizing the fact that eczema may assume various forms, and describing minutely the erythematous state of the skin, the fissuring, the suppuration, the crusting and the scaliness? Or shall we adopt the definition of others who have placed herpes, lichen and what not with eczema? It seems to me without going over the various definitions which have been proposed for this disease that the old Latin proverb "*In medio tilissimisibis,*" holds good here. I think that we shall strike the happy mean and give the most correct definition, if we adopt Hardy's, somewhat modified. I should therefore define eczema as a disease of the skin characterized by the development either of exanthematic patches, epidermal fissures, vesicles, or vesiculo pustules, soon giving rise to a serous or sero-purulent secretion having the peculiarity of stiffening linen, and susceptible of concreting into crusts, finally ending by flabby desquamation of the epidermis. The modification consists in calling attention to one of the characteristics of the secretion which Hardy omits, and which really constitutes one of the pathognomonic symytoms of eczema. Indeed I would be unwillling to call any disease eczema, unless this secretion was present or had been present during its course. This definition includes what some call impetigo. Willan places this in his fifth class—pustulæ, which is made to consists of impetigo, prurigo, ecthyma, scabies and variola; while in his sixth class, vesiculæ, are found eczema, varicella, vaccina, herpes, rupia, miliaria and apthæ. It is needless to say that this classification is not held to strictly by any leading dermatologists at present. A great many have placed impetigo with eczema, where it belongs. Hardy places it with eczema, but commits the serious error of likewise putting herpes here, an affection essentially different from eczema, as will be seen when we come to speak of the diagnosis. To herpes zoster he allots a different place describing it correctly as a separate affection under the term zona. Even Fox, one of the most uncompromising Willanites is forced to acknowledge that we cannot always distinguish(?) impertigo from eczema, yea, is even willing that impetigo should be ranked with eczema if we admit that it occurs in a pyogenic habit of the body, to all intents

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and purposes admitting their identity. In one word, are we justified in making two distinct and separate diseases of eczema and impetigo, so called, when they cannot diagnosticate one from the other, both presenting the same train of subjective and objective symptoms, both recognizing the same cause, both running the same course and both amenable to the same treatment? Under these circumstances it seems impossible that they should be looked upon much longer as two diseases. The time must and will come when they will be properly described as one disease under the term eczema impetiginodes, which they are. The same thing has happened with psoriasis which was formerly described as two different diseases under the names of lepra and psoriasis, but which the dermatological world recognizes at present as one and the same disease, being only different forms.

Eczema like every other disease may be acute and chronic. The genitals, face, hands, feet and eczema universalis, when the whole body is affected are liable to be attacked by the acute form. The chronic form may affect any part of the body. Accordingly we may have an eczema barbae, faciæ etc, named after the locality invaded by the disease. Then as regards appearances, many, following Willan make three varieties, to wit: Simplex, rubrum and impetiginodes. Eczema simplex is the classical form, exanthematic patches, epidermic fissures, vesicles or vesiculo pustules appearing. These soon give rise to the characteristic secretion which dries into yellowish crusts and ends by a flabby desquamation of the epidermis. Eczema rubrum is distinguished from Eczema simplex, as Wilson says, "by the development of vesicles upon a surface, moist, swollen and of a vivid red color," that is the inflammatory form. Eczema impetiginodes differs from both in the more puriform character of the secretion. Some have divided eczema as regards its configuration *e. g.* figuration, diffusion etc. Others have sought to make further subdivisions as regards the predominance of the elementary lesion present as papulorum, vesiculorum, squamosum etc. These subdivisions and re-subdivisions (if I may use such a phrase) have done no good. It would be useless to try to give more. Suffiice it to say that Anderson makes forty-six varieties, and Wilson (who is never to be outdone when it comes to making confusion more confounded) counts up forty-nine varieties in his index to his lectures on eczema. Where this will end is difficult for any sane person to imagine. By the first three divisions that have been given us, eczema may be described as to whether it is chronic or acute, as to its seat and as to its appearance. That is all that is necessary for practical purposes. These numerous

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subdivisions can only befog the student and make a plain subject unintelligible. As regards the *pathology* of eczema little can be said, because few have given much attention to it, and because little or nothing of practical importance or scientific value is extant.

Of the *aetiology* of this disease a great deal more remains to be mentioned. We find the field occupied by two contending parties. One, Hebra, assigning the origin of this disease only to external causes; the other, principally under the marshalship of Bazin and Hardy, certainly admitting that external causes may be the factors in producing eczema, but also stoutly maintaining that many eczemas seek for their cause something which is more than skin deep, in other words are due to internal causes. Under whichever banner we may pitch our tent it is necessary to be conversant with theories of the latter, as constant allusions are made to them in the literature of the subject, as they may be perhaps yet susceptible of proof, and furthermore as the great mass of English-speaking and European physicians, those of Germany excepted, are disciples of the latter. Hardy recognizes a peculiar blood state upon which this disease may depend, called by him, the dartrous diathesis, vice herpetique or herpetism. Dartrous affections of the skin he defines to be such as "possess many diverse elementary lesions, which are non-contagious, but hereditary and reproduced in an almost constant manner, having a great tendency to spread, attended usually with itching. running habitually a chronic course, they leave no cicatrices although ulcerations are often present in their process of cure" In this class he places eczema (including herpes and impetigo,) pityriasis, psoriasis and licben. Calling attention to the fact that eczema attacks the lymphatic, psoriasis the sanguineous, lichen the nervous and pityriasis the bilious.

The main characteristics of this diathesis are, First, hereditary transmission. Second, tendency to spread. Third, relapses. Bazin goes still farther, making two grand varieties. First, eczema due to external causes. Second, eczema due to internal cause. The first is subdivided into two subdivisisons. First, those due to external irritating substances, and second, those dependent upon parasites, hence parasitic and mechanical. The second division is subdivided into three subdivisions, viz Arthritic, dartrous and scrofulous, of either of which conditions of the system it may be symptomatic. Wilson has made an eczematous class, comprising eczema, lichen, pityriasis, psoriasis, impetigo, scabies and gutta rosacea. The whole sum and substance of the matter is that we must admit two classes, one due to external causes, such as the ap-

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plication of irritating substances, extremes of temperature etc.; the other dependent on an internal cause or symptomatic, about which such a difference of opinion exists. The externalists while admitting that it may co-exist with scrofula and other constitutional troubles, yet that purely local means suffice to provide a cure, thus establishing(?) to their entire satisfaction that eczema is dependent solely on external causes. The practical point being that the externalists trust almost entirely to local means, while the internalists have recourse to internal as well. Three facts cannot be gainsaid.

First—Hereditary transmission, which externalists admit, inasmuch as they do not deny the occurrence of the same disease in the different members of the same family.

Second—The occurrence of relapses.

Third—That some of these diseases do not yield to local measures alone, it being necessary to have recourse also to internal medication as well, in order to cure the patient.

These points every person will admit who has seen much of these diseases. These facts militate against the adoption of the views of the externalists, thus proving what the greater part of the dermatological world accepts as true that eczema may be produced by internal causes. This point is, however, far from being settled. Its importance is my excuse for introducing it here.

The prognosis of eczema is good, for it rarely withstands appropriate treatment if continued for a reasonable time, although when chronic, relapses may occur, after the patient has to all appearance been freed from it.

As has been said, it is one of the diseases of the skin with which we meet most frequently, consisting, according to Devergie fully thirty-five per cent. of all cutaneous diseases. According to my experience, including impetigo, almost two-thirds of all skin troubles that I have treated and seen were eczema.

Diagnosis.—By close attention to the definition that has been given there is little chance of error in the majority of cases. Intertrigo could hardly be confounded with eczema, as they have nothing in common save the secretion which in the former is muciform and presents none of the characteristics of the latter; besides the evident cause. The secretion of erythema porrifluens of Devergie is entirely different and could lead to no mistake. Herpes and lichen are essentially dry diseases differing in every respect from eczema. Scabies may give rise to some difficulty, but we only have to remember that it is seated generally

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in the interdigital spaces, and about seat of presssures, that the vesicles are scattered and acuminated, besides the detection of the characteristic cuniculus or acarus scabies would settle the diagnosis at once. Sycosis might lead to some embarrassment, when covered with crusts, but the fact that it remains limited to the beard would dispel any doubt. The microscope will render the mistaking tineæ and favus for eczema impossible. As regards other diseases, the history of eczema may sometimes be of advantage.

Treatment.—In treating an eczema the first thing to be done is to remove the crusts and scales by some oily matter, which not only serves to remove the crusts, and thus prepare it for the subsequent remedies, but so tends to soothe the hyper-sensitive and very irritable skin, in some cases even sufficing to affect a cure. Olive oil has been the one that I usually employ. For this purpose, poultices, although discarded by most authorities, have in some cases subserved an excellent purpose in my hands, often serving to allay the irritation better than any other means at my command. I well remember the case of a little child which came under my care now nearly four years ago, where the disease had lasted over two years and had withstood the efforts of as many scores of physicians to conquer it. The poultices being the only thing that alleviated the irritation, the only thing that the child would allow to remain in contact with the diseased surface, kept the child from scratching, allowed it to sleep, paved the way for subsequent treatment, and enabled me to bring the case to a successful issue within six weeks.

If after the removal of the crusts, the burning and itching be not too severe, otherwise we may have recourse to lead lotions, and other soothing means, we may use astringents, zinc in the form of the unguentum zinci oxidi, borax, acetate of lead, etc. The unguentum, diachyli albi, consisting of equal parts of emplastrum lithargyri and oleum lini, which is highly recommended by Hebra is often useful here, if properly made. In some instances dusting powders are recommended, composed of zinc, etc., but I do not like them. To these means an eczema, if not too chronic, will almost invariably yield. If the eczema be chronic, the skin greatly infiltrated, or the scalp be the part affected, then tar will be the remedy which is indicated. Three different forms of tar are generally used, the oleum cadini, which is is obtained from the Juniperus oxycedrous; the oleum fagi, from the fagus sylvatica; and the oleum rusci from the bitula alba. The oleum cadini (*l'huile de cade*) has been extensively used in France, and is the only one which has been employed in this country. Tar has also been

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used a great deal in the form of carbolic acid. This I have found of especial service in acute and chronic eczema, impetiginodes capitis, in proportion of one to two scruples to the ounce of lard or cold cream. Resineon, a produce of distillation of tar is used by some. I never have used it, and therefore cannot speak of its merits. While tar is a very valuable remedy when used judiciously, yet I think that there few outside of Germany who would subscribe to Hebra's abominable method of covering the affected parts with tar and then letting the patient in a bath four hours every day, until the disease is cured. When more than one-third of the body is coated with tar it is likely in some cases to give rise to violent headache, high fever, dark colored evacuations, vomiting of dark colored matter, and voiding of dark-colored urine, mixing it with cod-liver oil is said to obviate the above-named effects. We should, however, be careful in not applying it to too large a surface a first. When applying to the hairy parts it is well to mix it with alcohol. In some cases it acts well when mixed with the sapo-viridis especially in scaly chronic infiltrated eczema. I use it according to the following formula:

℞

Saponis Viridis,
Oleum Rusci,
Aquæ Cologniensis, a a.

Misce.

This is in reality the Tr. Saponis viridi cum pice of Hebra. Oleum Rusci, which is more agreeable being substituted for ol. cadini, and cologne water for alcohol to render the preparation more acceptable. All these are rubbed in and allowed to dry on. Frictions with green soap, schwierseife, soft soap, followed by the application of cloths wet with cold water to alleviate the pain following its application are often useful. To the hairy parts, two parts of alcohol, and one of green soap called spiritus saponis alkalinis, is preferable.

This completes nearly all the external remedies, that I have found of service, and that are usually employed in this affection. As regards internal means, I can not subscribe to a prevalent idea that every person suffering from eczema should be dosed with medicine. Our aim should be to see that the functions of the body are properly performed. If there be dyspepsia, scrofula, rheumatism or any other trouble present, remedies addressed to these affections are indicated. Arsenic is lauded highly by some, and is in some cases of service, especially in chronic, scaly eczema. In this variety the natural mineral waters in the form of

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baths, especially the sulphurous may often be used with benefit. Their effect is sometimes wonderful.

In this connection it will not be out of place to call attention to the Hammam, where those who live in San Francisco may avail themselves of all the advantages which the natural mineral water baths afford. This establishment not only contains the Turkish hot air baths but also all improved means for administering nearly every well-known medicinal bath. It is peculiary adapted for this purpose, having been especially built and fitted up for this object; indeed nothing that oriental luxury European science or Yankee ingenuity could suggest having been omitted. Last though not least, it is a matter for gratification that the management of this institution has been entrusted to Dr. Loryea, who is especially fitted for the task by extensive travel, large experience, and profound scientific attainments. In one word, I consider it to be the equal, if not the superior of any similar institution in the world. It certainly merits the confidence of the profession, and the patronage of the public. I would strongly urge all of you who have not seen it, to inspect it, and I feel assured that you will agree with all that has been said here of it.

In conclusion it is necessary to remark that no routine plan will do in the treatment of this disease, and that he who would succeed must study his patient as well as the disease.

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TWO CASES OF RHEUMATIC HEART DISEASE.

BY E. H. WOOLSEY, M. D., OF OAKLAND.

CASE I: Endocarditis, sequel of Scarlatina.

CASE II: Pericarditis and endocarditis, coincidental with Scarlatina.

Case 1. Annie S———, aged four years, well nourished, taken Nov. 6, 1876, four weeks after convalescence from a mild attack of scarlatina, with slight fever, marked by occasional intermissions, the tongue was slightly coated, and the urine highly colored. Prescribed an aperient and quinia. *

Nov. 7th, patient better; 8th, apparently well; 9th, considerable fever, slight tenderness, pain and swelling of left foot and knee (probably rheumatic.) Enveloped limb in cotton, and prescribed aperients; 10th, slight fever, rheumatic symptoms at joints disappeared. Patient complained of soreness of abdominal muscles, urine acid, of high specific gravity, and loaded with amorphous urates; 11th, high fever, and pain of a wandering character. Prescribed Quinia and Gelseminum; 12th, nearly free from fever, and quite free from pain. Prescribed Calisaya. 13th, some return of fever, occasional slight pains in various parts of the body; ordered soda baths; 14th, some aggravations of symptoms; 15th, much improved; 17th, free from pain and fever. Under the occasional exhibition of Quinia, patient continued to improve steadily, and on the 19th of November was playful and apparently well; 20th, fever returned with pains of wandering character; prescribed Colchi-

* I will here state that I attended the patient during the scarlatinal attack, and watched her closely through convalescence. The urine was examined requently, but at no time contained albumen or casts. I will also remark that the patient was well-nursed and had excellent after protection.

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cum: 21st, some improvements continued treatmen,; 22d, slight exacerbation of fever; 23d, some stiffness and pain at side of neck, urine scanty contained considerable quantity of amorphous urates, but neither albumen nor costs; prescribed citrate potass; 24th, patient quite comfortable in morning, but at evening had considerable fever and transitory pains in various parts of the body; examination of heart revealed an aortic obstructive murmur; there was, however, neither dullness on percussion, nor apparent dyspnæa; continued citrate of potass. (Here begins chart record of respiration, pulse and temperature.) 25th, slight remission of fever, and patient playful; urine alkaline and copious; suspended citrate of potass, continued quinia; 26th, A. M., temperature nearly normal, but pulse and respiration extraordinarily frequent. Had slight nausea, but otherwise no distress; prescribed quinia and sherry, and applied sinapism over præcordia; P. M., patient breathing very fast, but with perfect regularity; the heart's action was, however, tumultuous, and the aortic obstructive murmur was more pronounced; prescribed quinia, and small doses of digitalis; 27th A. M., respiration rapid, though quite regular, and not troublesome to patient; very slight dullness over lower part of chest, but no other physical sign of pulmonary disturbance; continued quinia and digitalis; P. M., respiration continudd to increase in frequency; 28th, A. M., respiration extremely shallow, but quite regular; pulse very frequdnt and feeble, and temperature falling below normal; P. M., respiration continued to increase in frequency, and temperature to fall, yet the former, though 100, was quite regular and the patient did not appear to suffer; 29th, A. M., respiration 110, yet perfectly regular; pulse very weak, and temperature (axillar) down to 97° F.; no physical signs of congestion or œdema of lungs, except very slight dullness at lower part of chest. Lips, however, were purple, and face somewhat livid; treatment continued; 4 P. M. respiration 115, yet regular; pulse stronger; temperature still falling, and symptoms of cyanosis more marked. Circulation revealed presence of a murmur below and to left of apex of heart occurring with and following first sound; no dullness over præcordia and but very slight dullness over lower part of chest. 11 P. M., symptoms aggravated and patient for the first time began to suffer from dyspnœa. 12 midnight, (last tracing on chart) respiration somewhat irregular and laborious; patient restless and distressed for breath; changing her position frequently, now sitting upright and again tossing about; an hour later and her respiration was of a panting character, accompanied at times with spasms of the respiratory muscles. The

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respiration became more and more spasmodic and difficult, and at 2 A. M., patient was seized with a spasm which soon became general, and during which she died in a condition of marked opisthotonios.

This case was peculiar, on account of the insidiousness of the attack, the slow but steadily progressive pulmonary œdema, occupied by a falling temperature, and also, in the effect of carbonic acid toxœmia in producing spasm of the muscles of respiration, and death, without the production of coma.

As will be seen by the history, there was no reason to suspect the grave character of the affection until the 24th of November, the day on which the heart affection was discovered. The fever, which seemed to be of an ephemoral character, and marked by an irregular periodicity, was notably controlled by prescriptions containing quinia. A medical colleague, for whose opinion I entertain the highest respect, was called in consultation after the case began to assume a grave character. He believed that digitalis was contraindicated, and proposed the substitution of veratum viride, an opinion in which I could not coincide. It is true that digitalis, by increasing the ventricular systole, notably that of the left ventricle, while it was hoped that it might overcome to some extent the aortic obstruction and so relieve the engorged lung, might, and probably did aggravate somewhat the compensatory and conservative lesions of mitral regurgitation and ventricular dilatation. True also that veratum viride by its sedative action on the cardiac muscle, might in some degree relieve mitral regurgitation, yet for obvious reasons it certainly could not fail to further retard the return of blood from the pulmonary capillaries. There was apparently no immediate danger to life from the secondary cardiac lesion, but there was a manifest and imperative indication to relieve pulmonary engorgement, and thus avert an impending death from asphyxia. Digitalis, of all medicinal agents, seemed to me most appropriate. Another day passed, and in deference to my medical friend and counsel, another consultation was held, when I had the satisfaction of being supported by all the eminent physicians of San Francisco, who agreed with me perfectly in my theoretical view of the case, and also in its therapeutical management.

In regard to the relation of the temperature to the respiration, it will be remembered that while the former, as in all cases of carbonic acid poisoning, fell in proportion as the toxæmia increased, the latter, exceptionally in this instance, continues to increase in frequency. Cyanosis here, was probably due to purely mechanical causes. There was evidently no paralysis of the great nerve centers, on the contrary

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the whole motor-nervous system seemed to be acting under a powerful stimulus, which enabled the child to compensate, in a measure, for the diminished respiratory surface, by an exceedingly rapid respiration. The spasmodic character of the latter, during the last few hours of life and the tonic spasm of all the organic muscles at the moment of death, were evidently occasioned by spinal irritation.

Case II. Ella F——, aged seventeen, of fine physique, taken November 15th, 1875, with tonsilitis and fever. On following day had smart attack of articular rheumatism affecting right wrist and joints of lower extremities. November 18th, pulse frequent; temperature 103° F; Rheumatic symptoms very severe; wrapped affected joints in cotton, and prescribed citrate of potass and quinia. 19th, had less fever and was feeling better, but suffered extreme pain on slightest movement. 21st, slight scarlatinal efflorescence over entire body; no abatement of rheumatic symptoms. 22d scarlatinal eruption well developed; joints somewhat less painful; auscultation and percussion revealed presence of pericarditis. (Here begins record of temperature of pulse and respiration.) 23d physical signs of pericarditis, with effusion, strongly marked. The rheumatic affection of joints, though troublesome for several days, gradually disppeared, and the eruption faded, leaving the skin much roughened. The heart affection, notwithstanding the liberal employment of blisters, diaphoretics, diureties, etc., became more and more embarrassing, and on November 29th, the area of præcordial dullness was very extensive.

The heart sounds were muffled, the apex-impulse could not be determined by palpation; a marked fremitus was felt on applying the hand over the commencment of the aorta, the pulse was weak, patient suffered much from dyspnæa, and was frequently delirious. Prescribed iodide potassium and small doses of digitalis; and from this time the patient began to improve; *i. e.* the pericardial effusion became sensibly diminished from day to day, and the delirium gradually passed off.

In the course of a few days, however, patient began to show signs of general weakness, and she continued to suffer occasionally from great dyspnæa. The continuance of dyspnæa, while the pericardial effusion was becoming notably lessened, was for a time somewhat perplexing; but on the 9th of December (see chart 18th day) was fully explained by an audible bellows-murmur at base of heart, accompanying second sound. Digitalis was now prescribed in larger doses, and quinia and sherry were freely administered; (iodide of potassium was for the most part withdrawn) marked improvement followed, and on the 16th of Decem.

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ber, (25th day of heart affection) patient sat up in bed a few moments. The upright posture, however, seemed to be contra-indicated, as it occasioned paleness of face, and great irregularity of the hearts action. Cautioned patient frequently about the danger of sitting too long, but in spite of my injunction she attempted on the 20th of December (chart 29th day) to get out of bed—fainted, and nearly died. During the whole of the remainder of that day, and the night following, she suffered greatly from dyspnæa, but on the evening of December 21st, was very much improved. An examination of heart at this time revealed aortic obstruction, as well as insufficiency, but this new found lesion could not have been other than conservative, since the patient rallied promptly from the relapse under the spur of digitalis, and made a good recovery. On the 30th of December (last tracing on chart) the patient was fomallyr discharged, being then able to walk about, and subject to no other inconvenience than a temporary shortness of breath and palpitation of heart, under exciting circumstauces.

The endocardial murmurs, were very much less audible, but the pericardial friction-sound, and the accompanying fremitus, which was propagated far up the aorta, could be readily detected by the most inexperienced person.

Upon examining the heart a month later, the pericardial friction-sound and fremitus had almost entirely disappeared, and no endocardial murmurs could be detected.

There was some excitement of the heart's action. and the patient was yet subject to dyspnea and palpattaion upon energetic movement, but in other respects appeared qnite well.

This case was a severe one, and death seemed imminent on many occasions, both from asphyxia, and from failure of the hearts' action. The prompt and energetic use of Digitalis seemed always to be followed by a salutary effect, and to this drug, and Iodide of Potassium, I am strongly inclined to ascribe the favorable termination of the disease.

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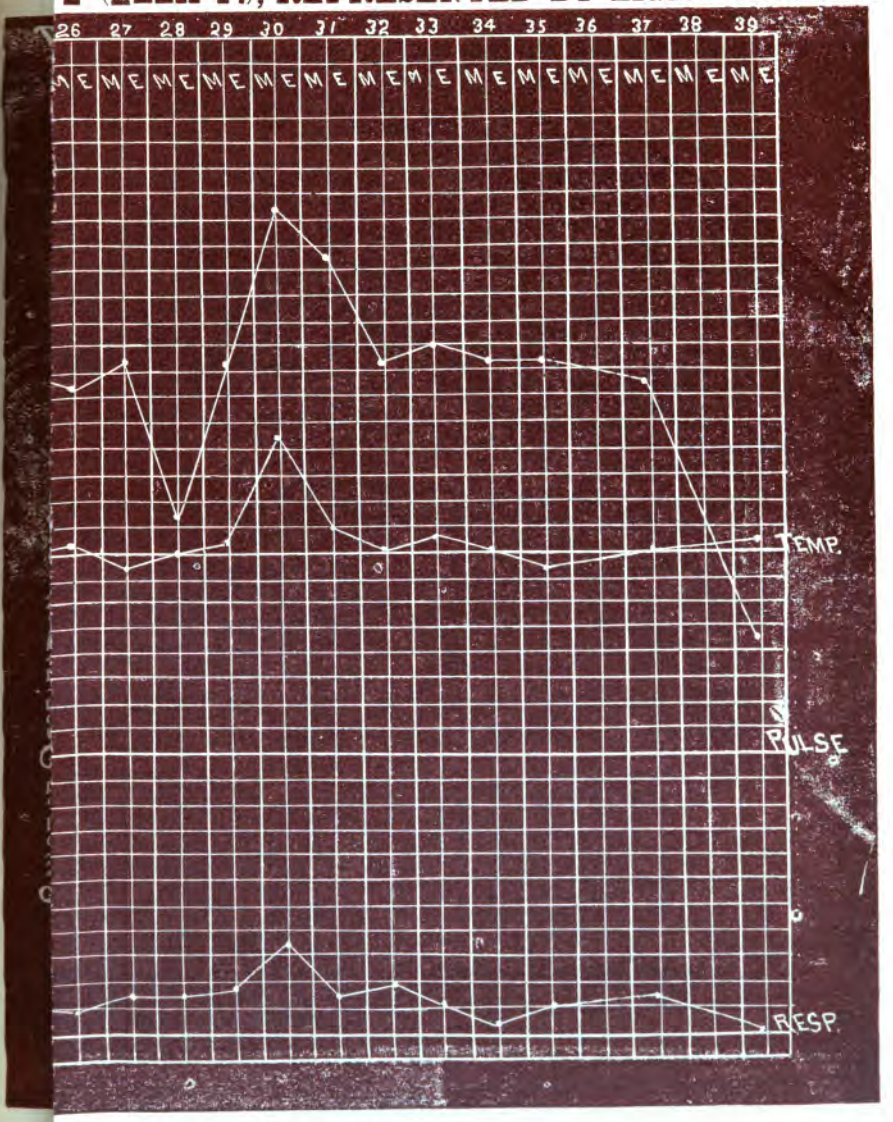
Cases of Rheumatic Heart Disease.

2 (ELLA F.), REPRESENTED BY LIGHT CURVES.



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OPERATION FOR CICATRICIAL CLOSURE OF THE JAWS.

BY PETER B. MC D. MILLER, M. D., L. R. C. S. EDIN., OF OROVILLE.

It is not my intention to occupy the time of the Society, with an elaborate article but rather to give an abbreviated history of a case of surgery which although brief may prove interesting to the Society.

Patrick Henry Perry, a healthy robust lad, 15 years old, residing near Berry creek, Butte county, California, and a native of the State of Missouri came under my care April 7th, 1875. History. Had an attack of typhoid fever when he was four years old. Was salivated during this illness to such an extent that he has not since been able to masticate his food, or open his jaws. He has sustained himself during those years by forcing food into his mouth with his thumbs. Small pieces of bone came away from his mouth some time ago, but he is unable to state from which side it came or the date of its occurrence.

A few years ago he consulted medical men in his native State, and had the contracted muscles divided within the mouth, but neither permanent nor even temporary benefit resulted from the procedure. On examination the following conditions presented.

There is complete closure of the jaws rendering the conveyance of food to the inside of the mouth a difficult and tedious task. The front teeth are irregular in form and direction; the under row pointing obliquely upward and outward, while the upper row range downward and outward. There is a large unyielding band of contracted

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muscles on the inside of the left cheek which holds the teeth firmly together. There is slight mobility of the jaws but no anchylosis.

The masseter muscle is contracted in its entirety and the external ptyrigoid and buccinator are more or less involved.

Knowing the unsatisfactory results usually attendant upon mere division of the contracted muscles, even when the tedious application of shields are resorted to in the after treatment, I concluded to perform, instead of the later procedure, the ingenious and more promising operation of forming an artificial joint in front of the cicatricial band, by removing a portion of the jaw bone as suggested by Esmark and more subsequently recommended by Dr. Christopher Heath in his admirable treatise on disease of the jaws. Having secured the boys consent to adopt such measures in his case as I considered best, I proceeded to anæsthetize him, and in the attempt I almost lost my patient, for he had scarcely become appreciably affected when I observed that he was choking. His face had now become suddeuly congested, livid and swollen, breathing entirely obstructed momentarily, and his arms convulsively thrown about in the struggle for breath, when I forced a clearance of the nares and mouth which were stuffed with ejected food, by blowing it back into the pharynx with my mouth against the nostrils and tearing away such pieces as projected through the teeth. He had taken dinner without paying attention to demonds in that respect; hence vomiting ensued. Under these difficulties I was compelled to delay the operation for an hour later after which time I succeeded in getting him fully under the influence. This having been accomplished without any further obstacles, I made an incision three inches in length, over the lower border of the left inferior maxilla, divided the facial artery in the course of the incision, reflected the integuments slightly over the cheek, and, with Hey's saw, removed three quarters of an inch of the jaw bone, in which was included the mental foramen. Considerable hemorrhage ensued, and although I had taken the necessary precaution for its prevention by ligating both ends of the divided artery, yet there was much hemorrhage, a fact which I attribute to extreme vascularity of the parts involved, as no large branch of an artery could be seen. The lip of the incision was now approximated and held together by hair lip pins sutures and adhesive plaster, and the patient was put to bed.

Diary—8th. The whole left side of his face is swollen and the conjunctiva of the left eye is suffused. Pulse 95. Slept well. Appetite good. 9th, restless. Slept two hours during the night. Complains of

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pain in the jaws. No appetite, pulse 100. Ordered quinia et tinctura ferri mur, ter die utendum, and half grain pulv. opii every 8 hours to ease pain and produce sleep. 10th, slept well. Pulse 85. No pain. Appetite good. Bowels regular. Chews soft food easily, Opens his mouth three quarters of an inch. 11th, pulse full, soft, and regular. No pain. The swelling of the face is much diminished. Mobility of jaw increasing. 12th, pulse normal, appetite ravenous; ligatan came away. Swelling of the cheek still diminishing. 13th, external incision has healed by the first intention. Removed hare lip pins, sutures etc, and supported the cheek with strips of adhesive plaster. 14th, Improving in every respect. His food to consist of crackers and milk until further orders. Opens his mouth fully an inch. 15th, he is walking about the streets. The left cheek is a little swollen but he has no pain. He eats his food with rapidity. 16th, mobility of his jaw is good, one sided. 16th, Improving. 18th, Still improving.

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ON SALICYLIC ACID.

By Wm. I. Wenzell, M. D.

[PRESENTED BY ALFRED E. REGENSBURGER.]

Salicylic acid was first introduced as a remedial agent by Professor H. Kolbe, who found it to retard and prevent fermentation, and the growth of fungi. He determined experimentally its value for the preservation of milk, wine and eggs, and subsequently on account of its decided anti-septic properties recommended it in cholera and other zymotic diseases as a remedy, internally and by means of hypo-dermic injections. Salicylic acid is considered to possess the anti-zymotic properties of carbolic acid, without the disadvantages of the latter, on account of all absence of caustictiy, poisonous effects, and odor. For preventing or averting fermentation, one part of the acid in five thousand to twenty thousand of the liquid is usually sufficient.

Salicylic acid was discovered and first obtained in 1839, by Piria and Ettling as a product of the oxidation of salicylous acid, an acid found in the flowers of the spirea ulmaria, and by Pagenstecher in 1834, and by him named ulmic acid. The next year following (1840) Loewig and Weidman announced that salicylic acid was a naturrl constituent of the flowers of spiræa ulmaria. In 1843 Cahours eunuciated the important discovery that the volatile oil of the gaultheria procumbens an indigenous North American plant, consisted principally of a compound ether composed of salicylic acid and methyl which was followed soon after by the announcement of F. L. Winckler that the methyl salicylate was also combined in the volatile oil of another ericacdea the monotropa hypopitis.

Salicylic has been obtained artificially in various ways. By the

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oxidation of salicylous acid and of salicine; by heating indigo blue and potassium hydrate; by treating anthranilic acid with nitrous acid; by heating cupric benzoate; by fusing respectively cumarin or benzoic acid with potassium hydrate etc. But the most remrakable method yet proposed, which will furnish an acid nearly pure and in any desirable quantity is the process devised by Kolbe and Lauteman; by the simultaneous action of carbonic acid and sodium upon carbolic acid; a process seemingly suggested by the singular fact, that salicylic acid when heated under certain conditions was resolved or split up into carbolic acid and carbonic acid. Salicylic acid is now obtained upon a large scale by heating dry sodium carbolate in a current of dry carbonic acid gradually from 100° C. to 220° 250°. One half of the carbolic acid distills over unchanged, while the other half remains behind as sodium salicylate, from which the acid is obtained by super-saturation with hydro-chloric acid. When thus obtained it is in the form of powder, having a pale reddish color, which may be obtained nearly white on purification. Salicylic acid crystallizes from its hot aquaous and alcoholic solutions, on cooling, in colorless prismatic crystals. When pure it is colorless, tastes sweetish acidulous, and it strongly reddens litmus paper. Its ultimate constitution is $C_7 H_8 O_3$. On heating salicylic acid with powdered glass on caustic lime, it readily decomposes into carbolic acid and carbonic acid. $C_7 H_6 O_3 = C_6 H_6 O \times CO_2$.

The constitutional formula of salicylic acid is assumed to be $C^6H_4 \{^{OH}_{COOH}$, and may therefore be viewed as a derivative of benzole $C_6 H_6$, in which two atoms of hydrogen of that molecule have been replaced by the monadic radicals hydroxyle (O H') and carboxyl (C O O H').

Salicylic acid appears to bear the same relation to salicylous acid, and saligenin, that acetic acid bears to aldehyde and ethyl alcohol (saligenin being viewed as an alcohol, Salicylous acid its aldehyde, and salicylic acid its acid.)

Ethyl alcohol when subjected to oxidation loses two atoms of hydrogen without substitution, forming aldehyde and water; the aldehyde one atom of oxygen without substitution, generating acetic acid, thus:—

$CH_3. CH_2, OH + O = CH_3, COH + HO^2 = CH_3, COH + O + CH^3, COOH$

Alcohol, Aldehyde, Water, Aldehyde, Acetic Acid.

$C_6 H_4 \{^{OH}_{CH_2 OH} + O = C_6 H_4 \{^{OH}_{OOH} + HO_2 = C_6 H_4 \{^{OH}_{COH} + O = C^6 H_4 \{^{OH}_{COOH}$.

Saligenin. Salicylous Acid, Water, Salicylous Acid, Salicylic Acid.

On comparing above series of equations it is seen that each alcohol is converted by oxidation, first into aldehyde and then into its correspond-

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ing alcohol acid, the reaction of each being closely analogous both as to products and educts. And when it is known that salicylous acid is capable of forming crystalline compounds with the alkaline bisulphite like other aldehydes the similarity of constitution between the two will become at once apparent.

Salicylic acid and salicylous acid are characterized by striking an intense violet color with ferric salts; with nitrate of silver salicylic acid gives a white precipitate; while with salicylous acid the precipitate is yellow.

The researches of Bertagnini on the action of salicylic acid upon the human organism have elicited, that in doses of 4 grains when taken at regular intervals until the total amount taken in two days amounted to nearly two drachms; on the second day, a persistent tinnitus aurium and a feeling of stupor became manifest. In the urine he discovered aside from unchanged salicylic acid, a nitrogenous acid, named by him salicyluric acid which seemed to bear the same relation to salicylic acid that hippuric acid does to benzoic acid.

A violet color was communicated to urine by ferric salts as soon as one hour after the first ingestion of the acid, and continued forty-eight hours after the last dose.

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Memorial Leaves.

Committee on Necrology.

W. H. BRUNER, San Francisco; R. McLEAN, San Francisco;
C. A. KIRKPATRICK, San Mateo;
A. JUMP, Downieville; S. H. RUPE, Healdsburg.

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LIFE AND PROFESSIONAL LABORS OF

THOMAS MULDRUP LOGAN, M. D.,

OF CALIFORNIA.

By Dr. J. M. Toner, M. D., of Washington.

Death has been at work in the ranks of our profession whose special office it is to preserve health, relieve suffering and prolong life. The victim, in this instance, is one well-known to the people of California and to the medical profession of the United States. The custom which comes down to us from antiquity, of commemorating the dead by addresses and records is appropriate and consoling. The sentiment of honoring the dead is natural to the human heart and has been developed by reverential piety into becoming ceremonial observances, which permit a friend to lay a few evergreens and flowers upon the tomb, in this instance culled from the garden the deceased loved and cultivated. I regret the meager material at my command, but beg to present what I have been able to gather as an offering to the memory of one who for nearly half a century labored well and zealously in his profession and won by his fidelity to duty a national reputation.

On the 13th of February, 1876, Dr. Thomas Muldrup Logan, an eminent physician, and Secretary of the Board of Health of the State of California, died of pneumonia at his residence in the City of Sacramento. He was born in the City of Charleston, South Carolina, July 31st, 1808. He was the son of Dr. George and Margaret White, (Polk) Logan. Dr. George Logan graduated at the University of Pennsylvania in 1802, and was long a leading physician in Charleston, and died in New Orleans in 1861, aged 82. The American ancestor of this family

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was Colonel George Logan who emigrated from Restalrig, near Leith, Scotland, to Charleston, South Carolina, early in the eighteenth century.

William, a son of the emigrant, married Martha Daniels, daughter of his Britanic Majesty's Provincial Governor of South Carolina. Their son George, the grandfather of the Doctor, was also a physician, and graduated in medicine at the University of Edinburg in 1773; and spending a couple of years afterward in study on the Continent, in 1775 he married Honoria Muldrup, daughter of the Danish Consul, in Scotland, and returning with her to his native place commenced practice. For years he was physician to that noble charity, the Orphan's House in Charleston. His health failing in 1793 he visited the Eastern States and died in July, in Salem Massachusetts, aged 42, leaving a wife and four children one of whom studied medicine and was the father of the late Thomas M. Logan. This link of ancestral history explains the source of the Doctor's middle name, "Muldrup."

The subject of this sketch received his academic and classical education in the Charleston College. and when about eighteen years of age he commenced the study of medicine with his father, and graduated an M. D. in the Medical College of South Carolina in 1828. His first thesis on the occasion was the "Salix Nigra" as a succedaneum to the officinal Cinchona. About the time of completing his medical studies, he married Susan W. A., only daughter of the Hon. John S. Richardson, Judge of the Circuit Court of South Carolina.

The Doctor commenced practice in his native city, and gradually acquired a fair business. In 1832 he went to Europe and passed a year in attendance at the hospitals, and the clinical lectures in London and Paris; this was the period of the first epidemic of cholera, which he studied with much care, and returning the next year in the full maturity of manhood, and holding the most recent pathological views of diseases, and well informed upon all the resources of his chosen profession, was soon fully employed. In 1833 he was chosen "Lecturer on Materia Medica and Therapeutics," in the Southern School of Practical Medicine, which was a summer course under the auspices of the Medical College of South Carolina.

About this time, in connection with Dr. Thomas L. Ogier, he commenced the publication of a work entitled "A Compendium of Operative Surgery," published in quarto form, the first number of which was issued in 1834, and the second in 1836. These parts contained descriptions of all the operative procedures for the ligation of arteries, and were illustrated by colored drawings designed and drawn by Dr.

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Logan. The completion of this work was prevented by the removal of Dr. Logan to New Orleans in 1843. Shortly after his location in that city he was selected one of the visiting physicians to Charity Hospital, a position he filled with increasing reputation until 1847, when he received the appointment of Visiting Surgeon to the Luzenbergs Hospital, established by the United States Government under Purveyor Dr. Charles McCormick for the accommodation of soldiers returning from the campaign in Mexico. On the closing of the hospital in 1849 he removed to California, arriving in San Francisco January 26th, 1850. The cholera prevailing in the fall of that year in Sacramento induced him to remove to that city where he at once acquired a good practice, and where he continued to reside, enjoying the confidence of the whole community, up to the time of his death.

The activity and tendency of the Doctor's mind as well as his favorite studies, in addition to a large practice, led him to pay much attention to matters relating to hygiene and public health, in which researches he has taken a leading part in California. He held the office of Secretary of the Board of Health of Sacramento, almost continuously from the time he settled to his demise. He also acted as meteorologist for the Smithsonian Institution and for the State Board of Agriculture. The law for the establishment of the State Board of Health of California which passed the Legislature in 1870, was mainly brought into existence and into a state of efficiency through his influence and personal supervision. He wrote much and well upon the advantages to all classes, of good health laws, the importance of sanitary inspection, and the ability of the people by means of hygienic observances to limit or prevent in cities many of the causes of disease, and thereby lessening the death rate, and thus became an authority on all health matters throughout the Pacific States.

The Doctor possessed an exceedingly energetic disposition, and a mind characterized more by tact and ready expedients than by depth of thought or profoundness of study. By his energy and industry, with wisdom and uniform stability of character, he was enabled to accomplish very important results. Besides, his professional acquirements were substantial, and placed him among the best physicians of the day in our country. His habits too, were unexceptionable, which added to an affable manner and a kindly disposition enlisted friends in the questions he advocated and rarely excited antagonism. He was, therefore, a power for good in the profession of the State of his adoption, while his genius contributed largely to the foundation of the State and local medical

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societies, and to the general support of the dignity of the profession on the Pacific coast.

The only living son of the Doctor, also named Thomas M. Logan, studied medicine and graduated at the Medical College of South Carolina. In 1866 he was practicing in Columbia, Alabama.

The Doctor having lost his wife in 1864, the following year married Mary A., eldest daughter of Samuel Greely, Esq., a farmer of the town of Hudson, New Hampshire. This lady survived him, but without children.

Contributions on medical subjects from the pen of Dr. Logan are to be found in many of our leading medical journals, and articles upon climatology and meteorology from him have been published in the reports of the Smithsonian Institution for the years 1854, 1855, 1856. Besides the Compendium of Operative Surgery already alluded to, I have reference to the following publications: "Medical Ethics," an Anniversary address, April 3d 1844, before the Medico-Chirurgical Society of Louisiana, published by the Society of New Orleans, 8° pp 24. "Memoirs of C. A. Luzenberg, M. D., President of the Medico-Chirurgical Society of Louisiana," published by the Society of New Orleans, 1848, 8° pp 60. In the fall of 1850, Dr. Logan wrote some letters from California to E. D. Fenner, M. D., for the Southern Medical Reporter, descriptive of the climate of California, the prevalent diseases, state of Medical profession, and a paper on the introduction of cholera, which was published in the New Orleans Medical and Surgical Journal, vol. VI, page 560. These were also published in the second vol of Fenner's Reports 46 p. In the IX vol. page 8, of the New Orleans Journal he has an article on the present hygienic condition of California, its epidemics, etc.

The Doctor was a member and Corresponding Secretary of the Sacramento Medical Society in 1855. In 1856 and 1857 he wrote a series of four articles entitled Contributions to the History of Medicine in California, which were published in the California State Medical Journal, printed at Sacramento. These articles show how observing he was of all the conditions likely to affect the public health. In 1858, he made a report on the topography, meteorology, endemics and epidemics of California, to the State Medical Society. It is published with map in the transactions of that Society. It was also published in pamphlet in Sacramento, in 1858, 8° pp 8°. In 1859 he sent a carefully written report of the topography and epidemics of California, with charts, to the American Medical Association. All his previous studies upon the

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subject were digested anew in this admirable paper, which may be seen in the transactions. It was also published in pamphlet form in Philadelphia in 1850, 8vo. pp 54.

At the meeting of the American Medical Association at Boston, in 1855, he presented a report on the Medical topography and epidemics of California, which is published in the transactions of that year; it is also published in pamphlet form in Philadelphia in 1865, 8° pp 75. In 1866 he published in the Pacific Medical and Surgical Journal an account of a new and ingenious method of treating fracture of the patella.

In 1867, on the commencement of the new series of the Pacific Medical and Surgical Journal under the editorship of Drs. Henry Gibbons, father and son, Dr. Logan appears as one of a corps of collaborators. This year, after attending the meeting of the American Medical Association at Cincinnati, he was accredited a delegate to foreign medical associations, and shortly after sailed on his second trip to Europe, where he spent about a year in visiting the various medical institutions of England, France and Germany.

After his return from California, on the 24th of March 1868, he read a paper before the San Francisco Medical Society on "Mushrooms and the Poisoning, with cases," which was published in the Pacific Medical Journal, (new series) vol. I, p 481.

On the 16th of February, 1868, he read before the Sacramento Society for Medical Improvement the "Medical History of California for the year 1868." In July of the same year he read a paper before the San Francisco Medical Society on a "Case of dystocia, complicated with adherent placenta, and requiring operative interference." These two papers were published in the Pacific Medical and Surgical Journal (new series) vol. II. He was at this time a member of the San Francisco Medical Society, and a member of its publishing committee.

The small pox epidemic of 1869 induced his publishing in the Pacific Journal two papers, setting forth his observations and recommendations as to prevention and cure.

On the occasion of the Medical Convention at Sacramento in October, 1870, for the reorganization of the California State Medical Society, which had been originally formed in 1856, but had been suffered to die out by neglect, Dr. Logan made a very happy and effective address which is published in the fourth vol. of the new series, Pacific Medical and Surgical Journal.

The Transactions of the Medical Society of the State of California

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for the years 1870 and 1871, contain his address as President of the Society. The same vol. contains a paper by him on the mortality of California.

In July, 1872, he read before the Sacramento Society for Medical Improvement a report on the Museum or Annual Exhibition of the American Medical Association at Philadelphia, and the contributions to it from California. This graphic paper was printed in the Transactions of the California State Medical Society for 1871 and 1872. As chairman of a committee of the California State Medical Society he reported a plan for the formation of a mutual aid society for the relief of indigent members of the profession and their families, which was printed in the Transactions. The Transactions of this Society for 1872—73 contain several papers from him on health matters and a statistical exhibit of the mortality of California.

The Doctor was very active and efficient in his exertions to afford proper facilities for the meeting of the American Medical Association which met in San Francisco in 1871. He had made himself familiar with the requirements of the association, and in conjunction with the physicians of that city gave us a grand reception. The kind welcome, with the profusion of hospitalities and very agreeable entertainments, left nothing to be desired. The physicians from the States east of the Rocky Mountains returned delighted with their visit, and all extravagant in their praises of the hospitality and good fellowship of the physicians of California. As a slight mark of their appreciation, Dr. Logan was elected one of the vice-Presidents of the Association.

On the passage of the law in 1870. authorizing a State Board of Health, Dr. Logan was appointed its permanent Secretary, a position very congenial to his tastes, and for which his studies had fully prepared him to become an efficient officer. The volumes of reports which have been published by this board of seven officers, all physicians and men eminent in their profession, amply attest their diligence, earnestness of purpose and conscientiousness of the duties imposed. The chief labor, as is usually the case, devolved upon the Secretary. In addition to routine duty he took up and thoroughly discussed different special studies, such as the ventilation of school-rooms, areas of particular diseases, etc..

An earnest advocate for a national health Council, he prepared a bill for presentation to Congress to establish a National Sanitary Bureau in Washington, which was published in the second biennial report of the State Board of Health.

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The Doctor attended the meeting of the American Medical Association in Philadelphia, in 1872. At this meeting he was elected President of the Association, and presided with ability at St Louis where he delivered a carefully prepared address, in which he discussed medical education and State medicine. This address has been published in pamphlet form. He sent a paper to the meeting of the American Medical Association, at Detroit, in 1874, on State medicine and hygiene in California.

The third biennial report of the State Board of Health of California for the years 1864—1865 gives further evidence of his unwearied attention to the subject of public health. His article on malarial fevers and consumption in California, enabled him to bring forward all his accumulated facts upon climatology, physical geography, and rainfall which he had been collecting and publishing in various forms from 1850. The paper is well worthy of a careful perusal.

The interest he took in all public affairs renders it probable that he has contributed papers to medical and scientific journals not here enumerated, but enough has been given to show his ability and the fertility of his brain. He was a ready writer, and was always found to be an advocate of progress in the sciences, and his benevolence at the same time led him to make persistent efforts for the improvement of the physical, mental and moral condition of the race. His name is closely identified with all measures in this direction in California for over a quarter of a century. In religion he was Episcopalian, and a consistent and exemplary member of that denomination.

The Board of Health of Sacramento met and passed feeling and appropriate resolutions on the announcement of his death. The Sacramento Society for Medical Improvement also adopted a series of resolutions expressive of their loss and of sympathy for his family.

The Doctor was a member of a large number of learned medical and scientific societies, and was elected to official positions in many of them, among which are the following: President of the American Medical Association, President State Medical Society of California, President of Agassiz Institute, of Sacramento, Permanent Secretary of State Board of Health of California, Secretary Sacramento City Board of Health, Meteorologist of State Agricultural Society of California, member of Sacramento Society for Medical Improvement, Corresponding Secretary of Sacramento Medical Society, corresponding member of California Academy of Natural Sciences, corresponding member of Gynæcological Society of Boston, member of Medical Society of Charles-

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ton. South Carolina, member of Medical and Chirurgical Society of Louisiana, member of New Sydenham Society of London, member of the Medical Society of San Francisco, life member of the Young Men's Christian Association of San Francisco, honorary member of the New Hampshire State Medical Society, Emeritus Professor of Hygiene in the Willamette University of Oregon, Honorary member of the Imperial Society of Austria, Honorary member of the Imperial Botanical and Zoological Society of Vienna, corresponding member of the Surgical Society of Ireland, member adherent to the International Medical Cong. of Paris.

IN MEMORIAM.

At a meeting of the Sacramento Society for Medical Improvement, held Wednesday evening, February 23d, the following resolutions in regard to the memory of the late Dr. T. M. Logan were adopted and ordered published:

Whereas, In obedience to the stern and inexorable edict of nature, to which all are alike amenable, our highly esteemed member and professional brother, Dr. Thomas M. Logan, has passed from this life, and his remains been attended to by us, in saddened spirits, to the tomb; therefore,

Resolved, That we, the members of the Sacramento Society for Medical Improvement, keenly lament his departure from our midst, and sincerely tender to his sorrowing family, in their severe bereavement, our profound sympathies.

Resolved, That in his death society has lost an upright and exemplary citizen, and an enlightened and vigilant public benefactor; science, a devoted student and servant; the cause of education, an earnest promoter, and the special departments of State Medicine and Public Hygiene in this State a considerate foster-father and most efficient friend, who by his zeal and extensive research, and by direct, able and convincing efforts, with tongue and pen, in their behalf, has brought them into general notice, and enforced for them, the favorable regard of the people and the press.

Resolved, That the foregoing be spread upon the minutes of this Society, and that the Secretary be instructed to transmit a copy thereof to the family of deceased, and also to each of the daily newspapers of the city, and of the medical journals of this coast.

Jos. F. Montgomery, M. D.
Wm. R. Cluness, M. D.
F. W. Hatch, M. D.
Committee on Resolutions.

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CONSTITUTION AND BY-LAWS OF THE SOCIETY.

ARTICLE I.

TITLE OF THE SOCIETY.

SECTION 1. This institution shall be styled "THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA."

ARTICLE II.

MEMBERS.

SECTION 1. The members of this Society shall consist of delegates from permanently organized local medical societies, ordinary and honorary members, who shall collectively represent and have cognizance of the common interests of the medical profession in the State of California.

SEC. 2. Each delegate from a local society shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Society on paying the usual dues of five dollars.

SEC. 3. Each local society shall have the privilege of sending to this Society one delegate for every five of its regular resident members, and one for every additional fraction of more than one-half that number of its members.

SEC. 4. Qualifications for membership shall consist of a good primary and medical education, attested by a diploma from some

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known medical school in good repute, and a good professional and moral standing in the community in which such candidate may reside.

Ordinary Members.—Every physician who shall properly satisfy the Board of Censors, by the exhibition of his diploma, that he possesses the necessary qualifications as prescribed, may become an ordinary member of this Society, and all those who may hereafter serve in the capacity of delegates to the Society, together with such other persons as may receive the appointment by unanimous vote, shall thereby become permanent members, provided, that no physician shall be considered eligible to membership who may reside within any location where there is a local medical society, and who has failed to become a member thereof, unless there be some special reason assigned for his election, and no voucher or vouchers of any member or members shall be taken as satisfying evidence of any applicant's qualification for membership.

SEC. 5. Honorary Members shall consist of such distinguished savants and others as may be deemed worthy of the compliment. They shall receive their appointment by a vote of the Society and upon a motion of some member present.

SEC. 6. Each individual, prior to taking his seat as a member of the Society, must sign the Constitution, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the local Society which he represents. Every member shall be entitled to the diploma of the Society, to which the seal* of the Society shall be attached, and the signatures of all the officers.

SEC. 7. The seal of this Society shall always be kept by the Permanent Secretary.

ARTICLE III.

OFFICERS.

SECTION. 1. The officers of the Society shall be President,

*The seal that has been adopted shows enough of the beautiful design of the seal of the State to declare the common origin of the Medical Society and of the State of California, while the cock, that was wont to be sacrificed to Esculapius representing "vigilance," is crowing out 1870, the year of reorganization; and the serpent, emblematic of "sagacity and long life," lies entwined around the doctor's staff at his feet. Thus, Vigilance and Sagacity typify the qualities a physician should possess under the direction of Minerva.

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four Vice-Presidents, one Permanent and two Assistant Secretaries, a Treasurer, and a Board of Censors of five members. These officers shall be nominated by a committee of one member from each county represented, on the morning of the second day of the meeting, and be elected by ballot. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

SEC. 2. The President shall preside at the meeting, preserve order, give a casting vote in case of a tie, and perform all other duties that custom and parliamentary usage may require. He shall organize and open the meeting next succeeding his election by an address on some subject connected with medicine, or with the interests of the Society. He may also fill, by appointment, all vacancies that may occur from death or other causes.

SEC. 3. The Vice-Presidents, when called upon, shall assist the President in the performance of his duties, and, during his absence, or at the request of the President, one of them shall officiate in his place.

SEC. 4. The Permanent Secretary shall reside in Sacramento, and shall authenticate the proceedings; give due notice of time of next meeting; shall serve as a member of Committee on Publication; shall preserve the archives and unpublished transactions of the Society; shall hold correspondence with other permanently organized societies, both domestic and foreign, and see that all the published transactions are promptly distributed to the members entitled to receive them.

SEC. 5. The Assistant Secretaries shall record the minutes, notify members of committees of their appointment, and of the duties assigned them; and, in the absence of the Permanent Secretary, one of them shall perform his duties.

SEC. 6. The Treasurer shall have immediate charge and management of the funds as a property of the Society, and hold them subject to the disposal of the Society. At each annual meeting he shall present a report, setting forth the amount of moneys received, as well as the amount disbursed, and for what purposes.

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SEC. 7. The Board of Censors shall examine the credentials of all candidates for admission to the Society, and if such credentials are found to conform with the requirements, as enacted in Article II of this Constitution, the Board of Censors shall recommend said applicants to the Society as suitable candidates for election.

ARTICLE IV.

MEETINGS.

SECTION 1. The regular meetings of the Society shall be held annually, and commence on the third Wednesday of April.

ARTICLE V.

STANDING COMMITTEES.

SECTION 1. The following Standing Committees, each composed of five members, of whom the first named is chairman, shall be nominated at every Annual Meeting by the President elect, for the purpose of preparing and arranging business for each ensuing year, and for carrying into effect the orders of the Society not otherwise assigned, namely:

On Practical Medicine and Medical Literature;

On Surgery;

On Obstetrics;

On Medical Topography, Meteorology, Endemics, and Epidemics;

On Indigenous Botany and the Domestic Adulteration of Drugs;

On Public Hygiene and State Medicine;

On Histology and Microscopy;

On Mental Diseases and Medical Jurisprudence;

On Medical Education;

On Publication;

Of Arrangements;

On Prize Essays.

SEC. 2. The Committee on Practical Medicine and Medical Literature shall prepare an annual report on the more important improvements effected in this State in the management of indi-

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vidual diseases; the improvements and discoveries which may have been made in Anatomy, Physiology, General Pathology, Therapeutics, and Medical Jurisprudence.

SEC. 3. The Committee on Surgery shall prepare an annual report on all the important improvements in the management of surgical diseases effected in the State during the year, and, as far as can be ascertained, the number of capital operations performed, with their results.

SEC. 4. The Committee on Obstetrics shall prepare an annual report on the important improvements in the obstetrical art, and in the management of the diseases peculiar to women and children, effected in the State during the year, together with such remarks touching these subjects as they may think proper.

SEC. 5. The Committee on Medical Topography, Meteorology, Endemics, and Epidemics, shall prepare an annual report on the peculiarity of the soil and climate of the different sections of the State, with the diseases to which they are subject; also the endemics and epidemics which have prevailed throughout the State during the year.

SEC. 6. The Committee on Indigenous Botany and the Domestic Adulteration of Drugs shall prepare an annual report on the indigenous medical botany of the State of California, paying particular attention to such plants as are found to possess valuable medicinal qualities, and are not accurately described in standard works, and the localities where they are found. Also, to report on the quality of drugs brought to our market with the view to correct the evils arising from the extensive introduction and sale of spurious and sophisticated articles.

SEC. 7. The Committee on Public Hygiene and State Medicine shall prepare an annual report on all subjects germane to this important branch of medical science.

SEC. 8. The Committee on Histology and Microscopy shall report and demonstrate such valuable facts and discoveries annually, bearing directly or indirectly on medicine and surgery, as they may think proper.

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SEC. 9. Committee on Mental Diseases and Medical Jurisprudence. This committee shall report on all psychological questions, and on such matters appertaining to medical jurisprudence as in their judgement may be deemed advisable.

SEC. 10. The Committee on Medical Education shall prepare annual reports on the general condition of medical education in the State of California, as compared wiih the state of medical education in other States of the Union, noticing the several medical institutions of the State, their course of instruction, the practical requirements for graduating, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at each during the year; together with such other matters as they may deem worthy of consideration in reference to medical education and the reputable standing of the profes sion.

SEC. 11. The Committee on Publication—of which the Permanent Secretary must constitute a part—shall have charge of preparing for the press, and of publishing and distributing, such of the proceedings, transactions and memoirs of the society as may be deemed worthy to be published.

SEC. 12. The Committee of Arrangements shall be composed of members residing in the place at which the Society is to hold its annual meeting, and shall be required to provide suitable accommodations for the meeting, to report on the credentials for membership, and to receive and announce all voluntary communications made to the Society.

SEC. 13. In order to afford the Committees on Medical Topography, Meteorology, Endemics, and Epidemics, and on Indigenous Botany and the Domestic Adulteration of Drugs, material for their several annual reports, it shall be the duty of the several auxilliary societies in the State to transmit to the Chairman of these respective committees, on or before the first day of March of each year, a special report, embracing such information touching their particular localities as may enable said committees to make full reports on all the subjects committed to them.

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SEC. The Standing Committees shall constitute sections, after the manner of the American Medical Association, to whom all papers shall be referred upon the first day of the session, and who shall report to the Society those papers that seem of sufficient interest for reference to the Committee on Publication; also those that seem of sufficient importance to be read before the Society, by title, abstract, or in extenso, upon the second day of the meeting.

ARTICLE VI.

VOLUNTARY CONTRIBUTIONS.

SECTION 1. After the reading and discussion of the annual reports, or at any other period during the meeting of the Society, by the vote of two-thirds of the members present, it shall be the privilege of any member to present to the consideration of the Society, either orally or in writing, communications on medical subjects, reports of interesting cases, or such other matters as may be deemed of interest to the profession: which communications may, on motion, be referred to the Committee on Publication, and if deemed by them worthy of preservation, shall appear among the proceedings.

ARTICLE VII.

FUNDS AND APPROPRIATIONS.

SECTION 1. The funds of the Society shall be raised by individual voluntary contributions, by the sale of its publications, and by an annual tax of five dollars on each member of the Society, on the payment of which he shall be entitled to a copy of all the publications for the year.

SEC. 2. The funds thus raised may be appropriated for defraylng the expenses of the annual meetings, for publishing the proceedings, memoirs and transactions of the Society; for enabling the standing committees to fulfill their respective duties, conduct their correspondence, and procure the material for the completion of their stated annual reports; for the encouragement of scientific investigations by prizes and awards of merit,

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and for such other purposes as the Society may from time to time direct.

SEC. 3. Any member who shall fail to pay his annual dues for two successive years, unless absent from the State, or for other reasonable causes, shall be dropped from the roll of members, after having been notified by the Permanent Secretary of the forfeiture of such membership; and no member so dropped shall be reinstated in his membership until he shall have paid all arrears due by him.

ARTICLE VIII.

DELEGATES TO THE NATIONAL MEDICAL ASSOCIATION.

SECTION 1. The Society shall annually appoint, to represent it in the American Medical Association, one delegate for every ten members, and one for every additional fraction of more than one-half this number, whose certificates of appointment shall be signed and duly authenticated by the President and Secretary.

ARTICLE IX.

CODE OF ETHICS.

SECTION I. The Code of Medical Ethics recommended by the National Medical Association, held in Philadelphia in May, 1847, having been approved and adopted by this Society, shall have the full force and effect of any Article of this Constitution.

ARTICLE X.

DISCIPLINE OF MEMBERS.

SECTION 1. Any violation of the provisions of the Constitution or of the Code of Ethics adopted by this Society, shall be referred to the Board of Censors for adjudication, from whose decision an appeal may be taken to the Society. Such violation being reported by the Board of Censors to the Society, and established to the satisfaction of a majority of the members, the individual or individuals thus offending shall be excommunicated, and deprived of all the privileges of membership.

SEC. 2. The Society shall have jurisdiction in all cases of appeals taken from auxiliary societies, in which event their decision shall be final.

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ARTICLE XI.

AMENDMENTS AND ALTERATIONS.

SECTION 1. No amendment nor alteration shall be made in any of the Articles of this Constitution, except at the annual meeting next subsequent to that at which such alteration or amendment may have been proposed, and then only by the concurrence of two-thirds of the members in attendance.

ORDER OF BUSINESS.

The following order of business is presented as a by-law of the Society, which shall at all times be subject to a vote of a majority of all the members in attendance, and, except temporarily suspended, shall be as follows :

I. Organization of meeting.
II. Report of the Committee of Arrangements on the credentials of members after the latter have registered their names and addresses, etc.
III. The calling of the roll.
IV. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
V. Reception of members by invitation.
VI. The reading and consideration of the stated annual reports from the standing committees.
VII. Reading and discussion of voluntary contributions.
VIII. The election of officers and place of annual meeting, and appointments by the President elect to fill the standing committees.
IX. Resolutions introducing new business, and instructions to the standing committees.
X. Unfinished and miscellaneous business.
XI. Reading of the minutes of the session about to conclude.
XII. Adjournment.

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STANDING COMMITTEES OF THE STATE MEDICAL SOCIETY FOR 1876-7

ON PRACTICAL MEDICINE—John C. Van Wyck, Oakland; H. M. Fiske, San Francisco; Q. C. Smith, Cloverdale; David Powell, Cherokee; J. B. Cox, San Jose.

ON SURGERY—A. B. Caldwell, Marysville; Jas. Murphy, San Francisco; A. H. Agard, Oakland; A. M. Wilder, San Francisco; C. F. A. Nichell, Napa.

ON OBSTETRICS—P. C. Chamberlain, San Francisco; W. C. Jones, Grass Valley; T. H. Pinkerton, Oakland; C. Cushing, Oakland; Thos. Ross, Woodland.

ON MEDICAL TOPOGRAPHY, ENDEMICS, etc.—Henry Gibbons, Jr., San Francisco; C. G. Kenyon, San Francisco; A. B. Mehring, Visalia; J. H. Crane, Petaluma; S. A. Deuel, Auburn.

ON INDIGENOUS BOTANY—Wm. P. Gibbons, Alameda; G. W. Davis, Chico; M. E. Farrar, Yagersville; Jos. S. Jackson, Modesto; H. G. Pike, Sanel.

ON MEDICAL EDUCATION—Jas. M. Brown, U. S. N., Vallejo; C. N. Ellinwood, San Francisco; Geo. C. Chase, Downieville: A. B. Stout, San Francisco; J. A. Dawson, Chico.

ON PUBLIC HYGIENE AND STATE MEDICINE—Jos. F. Montgomery, Sacramento; F. W. Todd, Stockton; J. B. Gordon, Sonoma; P B. Mc D. Miller, Oroville; V. Newmark, San Francisco.

ON MENTAL DISEASES—C. Herz, San Francisco; G. A. Shurtleff, Stockton; A. Trafton, Woodbridge; E. Trenor, Alameda; Asa Clark, Stockton.

ON HISTOLOGY AND MICROSCOPY—Jas. Blake, San Francisco; J. H.

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Wythe, Oakland; Geo. Chismore, San Francisco; S. W. Brook, Los Angeles; J. T. Wells, Visalia.

On Prize Essays—G. L. Simmons, Sacramento; H. H. Toland, San Francisco; A. B. Nixon, Sacramento; E. H. Woolsey, Oakland; A. Barkan, San Francisco.

On Arrangements—Geo. H. Powers, San Francisco; John T. Crook, San Francisco; R. B. Cole, San Francisco; C. P. Chesley, San Francisco; G. J. Van Vlack, San Francisco.

On Publication—F. W. Hatch, Sr., Sacramento; T. A. Snider, Sacramento; W. R. Cluness, Sacramento; H. W. Nelson, Sacramento; G. G. Tyrrell, Sacramento.

SPECIAL COMMITTEES.

On Diseases of Women and Children—Charlotte E. Brown, San Francisco; E. S. Meade, San Jose; Sara E. Brown, San Francisco; E. P. Stone, Oakland; M. E. Bucknell, San Francisco.

On Necrology—W. H. Bruner, San Francisco; R. D. McLean, San Francisco; C. A. Kirkpatrick, San Mateo; A. Jump, Downieville; S. H. Rupe, Healdsburg.

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CATALOGUE OF OFFICERS AND MEMBERS

OF

The Medical Society of the State of California.

PRESIDENTS AND VICE PRESIDENTS OF THE STATE MEDICAL SOCIETY.

1856.

SACRAMENTO.

President,

B. F. Keene, M. D.....El Dorado.

Vice Presidents,

E. S. Cooper, M. D.....San Francisco.
S. Langdon, M. D.....San Joaquin.
D. W. C. Rice, M. D.....Yuba.
R. K. Reid, M. D.....San Joaquin.
F. W. Hatch, M. D.....Sacramento.

1857.

SACRAMENTO.

President,

H. Gibbons, M. D.....San Francisco.

Vice Presidents,

R. H McDaniels, M. D.....Yuba.

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O. Harvey, M. D.....El Dorado.
A. J. Spencer, M. D.....Santa Clara.
R. B. Ellis, M. D.....Sacramento.
A. B. Stout, M. D.....San Francisco.

1858.

SAN FRANCISCO.

President,

A. B. Stout, M. D.....San Francisco.

Vice Presidents,

J. P. Whitney, M. D.....San Francisco.
C. N. Ege, M. D.....Yuba.
A. J. Spencer, M. D.....San Jose.
I. E. Oatman, M. D.....Sacramento.
J. Morrison, M. D.....San Francisco.

1859.

SACRAMENTO.

President,

R. B. Ellis, M. D.....San Francisco.

Vice Presidents,

J. F. McLane, M. D.....Yuba.
H. W. Harkness, M. D.....Sacramento.
O. Harvey, M. D.....El Dorado.
W. G. Deal, M. D.....Alameda.
J. F. Montgomery, M. D.....Sacramento.

1860.

President,

Isaac Rowell, M. D.....San Francisco.

Vice Presidents,

Isaac S. Titus, M. D.....El Dorado.
C. A. Kirkpatrick, M. D.....Solano.
R. B. Cole, M. D.....San Francisco.
Ira E. Oatman, M. D.....Sacramento.

Corresponding Secretary,

*E. S. Cooper, M. D.....San Francisco.

*Dr. Cooper was also elected one of the Vice Presidents, but declined; preferring the position of Corresponding Secretary.

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Recording Secretaries,

G. Taylor, M, D.....Sacramento.
G. L. Simmons, M. D.....Sacramento.

Treasurer,

H. W. Harkness, M. D.....Sacramento.

1861.

President,

Samuel F. Hamm, M. D.....El Dorado.

Vice Presidents,

B. H. Pierson, M. D.....Sacramento.
G. L. Simmons, M. D.....Sacramento.
C. A. Kirkpatrick, M. D.....Solano.
B. A. Sheldon, M. D.....San Francisco.
J. G. Tucker, M. D.....San Francisco.

Corresponding Secretary,

E. S. Cooper, M. D.....San Francisco.

Recording Secretaries,

G. Taylor, M. D.....Sacramento.
Isaac S Titus, M. D.....El Dorado.

Treasurer,

H. W. Harkness, M. D.....Sacramento.

1870.

SAN FRANCISCO.

[Reorganization of State Medical Society.]

President,

T. M. Logan, M. D.....Sacramento.

Vice Presidents,

S. R. Harris, M. D.....San Francisco.
T. H. Pinkerton, M. D.....Alameda.
J. L. Ord, M. D.....Santa Barbara.
G. A. Shurtleff, M. D.....San Joaquin.
D. B. Hoffman, M. D.....San Diego.

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1871.

SACRAMENTO.

President,

H. Gibbons, Sr., M. D.....San Francisco.

Vice Presidents,

G. A. Shurtleff, M. D.....San Joaquin.
F. W. Hatch, M. D.....Sacramento.
F. W. Todd, M. D.....San Joaquin.
J. F. Montgomery, M. D.....Sacramento.

1872.

OAKLAND.

President,

G. A. Shurtleff, M. D.....San Joaquin.

Vice Presidents,

T. H. Pinkerton, M. D.....Alameda.
J. J. Franklin, M. D.....Sonora.
W. F. Cheney, M. D.....Butte.
W. F. Hays, M. D.....San Luis Obispo.

1873.

SACRAMENTO.

President,

T. H. Pinkerton. M. D.....Alameda.

Vice Presidents,

J. M. Brown, M. D.....Solano.
C. A. Kirkpatrick, M. D.....San Mateo.
F. W. Hatch, M. D.....Sacramento.
H. M. Briggs, M. D.....Santa Barbara.

1874—75.

SAN FRANCISCO.

President,

J. M. Brown, M. D., U. S. N.....Solano.

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Vice Presidents,

A. B. Nixon, M. D.....Sacramento.
W. F. Cheney, M. D.....Butte.
Martin Baker, M. D.....Tulare.
R K. Reid, M. D.....San Joaquin.

Permanent Secretary,

Gerrard G. Tyrrell.....Sacramento.

1875—76.

SAN FRANCISCO.

President,

A. B. Nixon, M. D.....Sacramento.

Vice Presidents,

W. F. Cheney. M. D.....Butte.
H. H. Toland, M. D.....San Francisco.
W. R. Cluness, M. D.....Sacramento.
H. S. Orme, M. D.....Los Angeles.

Permanent Secretary,

G. G. Tyrrell, M. D.....Sacramento.

1876—77.

President,

Wm. Fitch Cheney, M. D.....Chico.

Vice Presidents,

B. D. Dean, M. D.....San Francisco.
N. S. Hamlin, M. D.....Yuba City.
M. B. Pond, M. D.....Napa.
F. W. Todd, M. D.....Stockton.

Permanent Secretary,

G. G. Tyrrell, M. D.....Sacramento.

Assistant Secretaries,

W. T. Wythe, M. D.....San Francisco.
Chas. H. Fisher, M. D.....Sacramento.

Treasurer,

I. E, Oatman, M. D.....Sacramento.

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C. Cushing, M. D.....Oakland.
W. R. Cluness, M. D.....Sacramento.
John T. Crook, M. D.....San Francisco.
R. Plummer, M. D.....San Francisco.

State Board of Examiners,

Jas. Simpson, M. D.....San Francisco.
H. Gibbons, Sr., M. D.....San Francisco.
C. M. Bates, M. D.....San Francisco.
H. P. Babcock, M. D.....Oakland.
H. S. Orme, M. D.....Los Angeles.
L. Robinson, M. D.....Colusa.
Jos. F. Montgomery, M. D.....Sacramento.

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[To serve on the Board of Examiners.

First—C. Cushing, M. D.....Oakland.
Second—A. B. Caldwell, M. D.....Marysville.
Third—Asa Clark, M. D.....Stockton.

ORDINARY MEMBERS.

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†Those who have an obelisk prefixed to their names are dead.

Adams, J. S.....Oakland.
Agard, A. H.....Oakland.
Aiken, G. H.....San Francisco.
Allen, C. H.....Centreville.
Andrei, A.....San Francisco.
Asay, J. L.....Visalia.
Auerbach, J. J.....San Francisco.

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Ayer, W.....San Francisco.
Babcock, H. P.....Oakland.
Bailey, F. E.....Santa Cruz.
Bak, H.....San Francisco,
Baker, Martin.....Visalia.
Baldwin, H. S.....San Francisco.
Baldwin, W. H.....Sacramento.
Bamford, William.....East Oakland.
Barber, E. T.....Oakland.
Barkan, A.....San Francisco.
Bates, C. B.....Santa Barbara.
Bates, C. M.....San Francisco.
Belinge, F. A. A.....San Francisco.
Bell, W. T.....Winters.
Biggs, T. B.....San Francisco.
Blach, Charles.....San Francisco.
Blake, Jas.....San Francisco.
Blake, E. C.....San Francisco.
Bradbury, W. T.....San Francisco.
Bradway, J. R.....Oakland.
Briceland, J. M.....Shasta.
Brigham, C. B.....San Francisco.
Brinkerhoff, S. B.....Santa Barbara.
Brook, S. W.....Los Angeles.
Brown, S. E.....San Francisco.
Brown C. E.....San Francisco.
Brown, J. M., U. S. N.....Mare Island.
†Brown, James A.....Sutter Creek.
Bruner, W. H.....San Francisco.
Bucknell, G. J.....San Francisco.
Buckley, C. F.....San Francisco.
Bucknell. M. E.....San Francisco.
Burgess, O. O.....San Francisco.
Caldwell, A. B.....Marysville.
†Caldwell, A. B.....Santa Clara.
Callandreau, J.....San Francisco.
†Campbell, S. D.....Suisun.
Carman, William.....San Francisco.
Carr, E. S.....Oakland.
Chamberlain, P.....San Francisco.
Chase, George C.....Downieville.
Cheney, William Fitch.....Chico.

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Chesley, C. B.....San Francisco.
Chipman, M. M.....Santa Clara.
Chismore, J.....San Francisco.
Christie, J. B.....Petaluma.
Clark, Asa.....Stockton.
Clark, J. H.....Leesville.
Cluness, W. R.....Sacramento.
Cole .R Beverly.....San Francisco.
Coleman, F. W.....Napa.
Coleman, C. S.....San Leandro.
Cory, Benjamin.....San Jose.
Cox, J. B.....Healdsburg:
Crane, J. H.....Petaluma.
Crumpton, H. J.....Lakeport,
Crook, John T.....San Francisco.
Curliss, Wm.....Truckee.
†Curtis, E. M.....Sacramento.
Cushing, Clinton.....Oakland.
Davis, G. W.....Chico.
Dawson, J. A.....Chico.
Dean, Benjamin D.....San Francisco.
Delmont, F.....Ventura.
Deuel, S. A.....Auburn.
Dennis, S.W.....San Francisco.
Dobbins, Thomas.....Yuba City.
Dozier, Franklin L.....Napa.
Dubois, A. S.....San Leandro.
Dubois, H. A.....San Rafael.
Durant, F. C.....Folsom.
Dutton, G. W.....Tomales.
Ellinwood, C. N.....San Francisco.
Evans, George H.....Dixon.
Farrar, M. E.....Yagersville.
Fenn, C. M.....San Diego.
Ferrar, H.....San Francisco.
Fine, A.....Watsonville.
Fisher, Charles.....Sacramento.
Fish, M. W.....Oakland.
Fiske, Henry M.....San Francisco.
Flint, Joseph.....Wheatland.
Foote, Erastus N.....Lockford.
Foulkes, J. F.....Oakland.

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†Franklin, J. J.....Sonora.
Freeman, G. M.....Visalia.
Gardner, Mathew.....Davisville.
Gates, H. S.....San Francisco.
Gates, V. Bruce.....San Francisco.
Gibbons, Henry.....San Francisco.
Gibbons, Henry, Jr.....San Francisco.
Gibbons, William P.....Alameda.
Goodspeed, J. R.....San Mateo.
Gordon, E. A.....Knights Landing.
Godon, F. W.....San Francisco.
Gordon, J. B.....Sonoma.
Grannis, M. M.....Visalia.
Gray, R. A.....Shasta.
Green, T.....San Francisco.
Grover, W. A.....San Francisco.
Hamlin, N. S.....Yuba City.
Hammond, J.....Lockford.
Hanson, Thomas C.....Winnemucca.
Hardy, B. F.....San Francisco.
Harris, E. B.....Virginia City.
Harris, S. R.....San Francisco.
Harrington, C. C.....Marysville.
Harvey, O.....Galt.
†Harville, J. W.....San Francisco.
Hatch, F. W.....Sacramento.
Hatch, F. W., Jr.....Sacramento.
Hays, L. W.....San Francisco.
Hays, W. W.....San Luis Obispo.
Herz, C.....San Francisco.
Hewston, George.....San Francisco.
Holmes, Stilman.....Santa Cruz.
Humphreys, P. H.....San Francisco.
Howe, A. J.....Los Angeles.
Hunt, R.....Nevada City.
Jackson, G. H.....Woodland.
Jackson, J. S.....Modesto.
Jones, William C.....Grass Valley.
Jump, Alemby.....Downieville.
Keane, G. B.....San Francisco.

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Kenyon, C. G.....San Francisco.
Kier, H. M.....Knights Landing
Kirkpatrick, C. A.....Redwood City.
Lampson, R. M.....Chinese Camp.
Lane, L. C.....San Francisco.
Langdon, S.....Stockton.
†Lasvignes, L.....Forest City.
†Logan, Thomas M.....Sacramento.
Mackintosh, Robert.....San Francisco.
Malech, G. H.....San Franicsco.
Markell, R. S.....Cacheville.
Martin, E. J.....Watsonville.
Martinache, N. J.....San Francisco.
Martineau, E. D.....San Francisco.
Mays, W. H.....San Francisco.
McCurdy, S.....Klamath.
McLean, R. A.....San Francisco.
Mead, E. S.....San Jose.
Mears, J. L.....San Francisco.
McNutt. W. F.....San Francisco.
Mehring, A. B.....Woodland.
Miller, P. B. Mc. D.....Oroville.
†Millington, John.....San Francisco.
Montgomery, J. F.....Sacramento.
Mooklar, J.....San Francisco.
†Morse, John F.....San Francisco.
Murphy, J.....San Francisco.
Murphy, R. W.....San Francisco.
Nelson, H. W.....Sacramento.
Newmark, V.....San Francisco.
Nichell, C. F. A.....Napa.
Nixon, A. B.....Sacramento.
Oatman, Ira E.....Sacramento.
O'Neil, A. A.....San Francisco.
Orme, H. S.....Los Angeles.
Pardee, E. H.....Oakland.
Parkinson, M. C.....Antioch.
Parrimore. E. L.....Woodland.
Paugh, W. J.....San Francisco.
Pawlicki, L.....San Francisco.
Pietryzycki, M.....Rio Vista.
Pike, H. G.....Sanel.

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Pinkerton, T. H. ..... Oakland.
Plummer, R. H. ..... San Francisco.
Powell, D. ..... Cherokee.
Powers, G. H. ..... San Francisco.
Pond, M. B. ..... Napa.
Pratt, A. H. ..... Dixon.
Price, C. E., U. S. A. ..... Angel Island.
Randle, P. W. ..... San Francisco.
Regensberger, A. E. ..... San Francisco.
Reid, R. K. ..... Stockton.
Reilay, John P. ..... Oakland.
Robertson, E. B. ..... San Andreas.
Robinson, Luke ..... Colusa.
Rogers, S. J. S. ..... Marysville.
Ross, Thomas ..... Woodland.
Rowell, Charles ..... San Francisco.
Rupe, S. H. ..... Healdsburg.
Russell, W. A. ..... Visalia.
†Sage, C. T. ..... San Francisco.
Sawyer, J. J. ..... Cherokee Flat.
Saxe, A. W. ..... Santa Clara.
Scott, J. D. ..... San Jose.
Scott, John ..... San Francisco.
Shafter, J. C. ..... San Francisco.
Shurtleff, Benjamin ..... Napa.
Shurtleff, G. A. ..... Stockton.
Simmons, G. L. ..... Sacramento.
Simonton, W. B. ..... San Francisco.
Simpson, James ..... San Francisco.
Smith, J. A. ..... San Francisco.
Smith, L. E. ..... Angel Island.
Smith, W. F. ..... San Francisco
Smith, Q. C. ..... Cloverdale.
Snider, T. A. ..... Sacramento.
Sprague, R. W. ..... San Francisco.
†Sproule, Samuel F. ..... Chico.
Stillwagon, W. W. ..... Napa.
Stivers, C. A. ..... San Francisco.
Stockton, E. A. ..... Stockton.
Stone, E. P. ..... Oakland.
Stout, A. B. ..... San Francisco.
Strong, A. ..... Woodland.

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Sylvester, J.....Haywards.
†Thorndyke, A.....Stockton.
Tibbitts, S. M.....San Francisco.
†Tilden, T. W.....Chico.
Titus, I. S.....San Francisco.
Todd, T. M.....Auburn.
Todd, F. W.....Stockton.
Toland, C. A.....San Francisco.
Toland, H. H.....San Francisco.
Tooley, L. P.....Colusa.
Trafton, A.....Woodbridge.
Tonner, J. A.....San Francisco.
Trenor, E.....Alameda.
Twichell, W. L.....San Francisco.
Tyrrell, G. G.....Sacramento.
Urich, J. H.....Geyserville.
Van Vlack, G. J.....San Francisco.
Van Wyck, John C.....Oakland.
Waguer, John.....San Francisco.
Warburton, H. H.....Santa Clara.
Wayland, James F.....Chico.
Wayman, W. G.....San Francisco.
Webster, W., U. S. A.....Alcatraz.
Welges, L.....Woodland.
Wells, J. T.....Visalia.
Wells, W. H.....Dixon.
Wemple, E. L.....Antioch.
Wheeler P.....Oakland,
Whitney, J. D.....San Francisco.
Whitney, J. P.....San Francisco.
White, G. A.....Sacramento.
Wilder, A. M.....San Francisco.
Wilkins, E. T.....Napa.
Willey, John M.....San Francisco.
Williams, N.....Richland.
Woolsey, E. H.....Oakland.
Worthington, H.....Los Angeles.
Wythe, W. T.....San Francisco.
Younger, W. J.....San Francisco.

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Joseph Hyrtle, M. D.....Vienna, Austria.
Charles A. Cameron, M. D.....Dublin, Ireland.
†Professor Louis Agassiz,.....Massachusetts.
S. W. Thayer, M. D.....Vermont.
J. H. Wythe, M. D.....Oakland, Cal.
John Le Conte. M. D.....Oakland, Cal.
Joseph Le Conte. M. D.....Oakland Cal.
A. Ames, M. D.....Boston, Mass.
P. Lansdale, M. D.....United States Navy.
David Kindleberger, M. D.....United States Navy.
W. E Taylor, M. D.....United States Navy.
S. F. Shaw, M. D.....United States Navy.
W. M. Nickerson, M. D.....United States Navy.
C. McCormick, M. D.....United States Army.
R. Murray, M. D.....United States Army.
C. C. Keeney, M. D.....United States Army.
E Bentley, M D.....United States Army.
F. Tallon, M. D.....United States Army.

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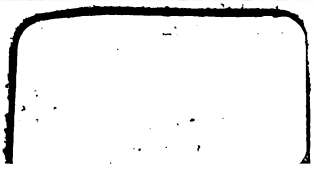

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